WAR WAR WAY

The California State Dental Society Meets in San Francisco, April 28-30.

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The Publisher's Corner

By Mass

Number 310

THE GOOD OLD DAYS?

"Lawks a-massy! Whatever is the world comin' to?" the old ladies used to exclaim as they nervously fiddled with their reticules and adjusted their bustles. Doom is dramatic, and most of us are dramatists at heart. One is even tempted to dramatize a head cold as an event dire and dreadful.

Reticules and bustles are just memories now, but the what-isthe-world-coming-to complex is not. And it is a complex of which most of us are guilty—not just the nervous old ladies.

True enough, the world has been "coming to" serious crises every so often; but that's been happening since life began, and the planet and the people on it seem somehow to survive, and the human race creeps upward each time to a little higher level.

You can't restore the good old days without restoring the bad old days too. And for people at large the bad old days were worse than any of the bad new days are now. There is a typical and a specific comparison to be had when you contrast your own profession then and now. In the good old days we fondly think we remember, much suffering and many ineffective procedures were almost taken for granted. But then as now there were men of faith, men who didn't waste their time wondering what the world was coming to, men of vision, with faith in their vision, men determined to help the race creep upward and onward. The

VOIN

healing arts offer perhaps the most sublime evidence that, despite wars and other real troubles, the race has slowly but surely and steadily been blessed not only by the new achievements of science, but by the constantly growing realization that men are brothers, and must so live if one day ours is to become a truly happy world.

Today, millions of us mutter to each other that world peace is impossible. Men of faith refuse to believe that. No one, perhaps, has so clearly expressed determined hope than the great French writer, André Maurois, who told an audience in this country several months ago:

"The foundation of peace is in the hearts of men or it is nowhere. We must keep faith in faith. We cannot see clearly what should be done, how it could be done, but we know that much was done in the past, that men of good will in your country and mine did achieve something great, and that what they did can be done again.

"It depends on you, my American friends, to show the nations of the earth that democracy can work, that a peaceful solution of our present economic troubles can be found and that international solidarity is more than a word. If you succeed in this, then our times might indeed be a 'commencement' for the world of men."

Just as guilty as the next fellow of wondering fruitlessly what the world is coming to, and just as guilty of idle talk about it, I have been inspired by André Maurois to try to mend my ways. This month's department finally got itself written as a result of reading his paragraphs again and again, and thinking about them, and feeling heartily ashamed of myself.

* * *

As any proprietor of one knows, a speech impediment can

be a troublesome burden. But Doctor Francis Randol, who practices dentistry out in Carmel-by-the-Sea, California, has fun with his stammering, and has even made money out of it. Some time ago, he received a nice check from *Nation's Business* magazine for his article "D-D-Do You S-S-S-Stammer?" The impediment hasn't prevented his building a practice, either. Doctor Randol puts new patients (and himself) at ease by saying frankly, "I stammer a bit but don't let it worry you. It doesn't worry me."

Years ago, in school days, he realized that stammering and stuttering can't help being funny to other people, and that one might as well be amused by it himself. "It took me a long time to let my sense of humor take the reins," he admits. When his sense of humor took charge of the case, he began to overcome his handicap, in a business and professional way, and to enjoy life. He explains that "a sense of humor enables the stammerer to see his situation in its true light, and his anxieties then diminish or disappear." Doctor Randol's own stammering, he says, has been reduced to reasonable proportions and—best of all—he doesn't worry about it any more.

In his Nation's Business article, he tells of ludicrous situations when he and several other stammerers or stutterers got together. That recalled my own high school days out in Santa Clara, California, not far from Doctor Randol's town, when I did odd jobs for Al Nace the local printer, and Henry Roth of The Santa Clara News. We all stuttered. We could have sold the act to the Keith Circuit.



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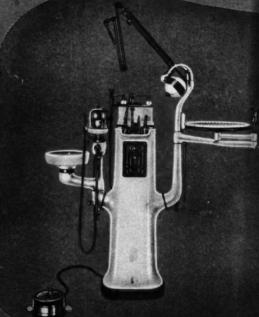
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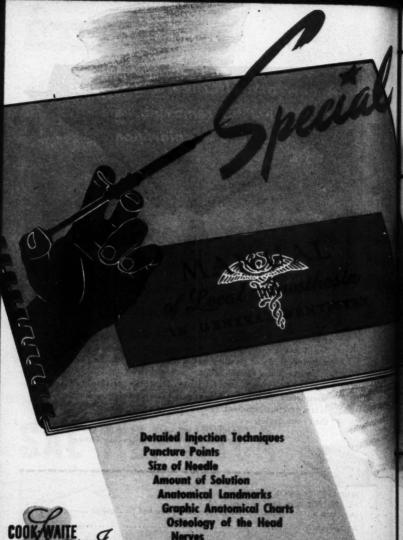
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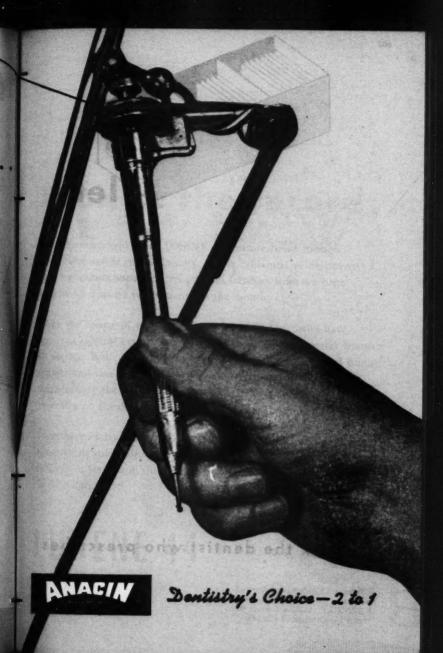


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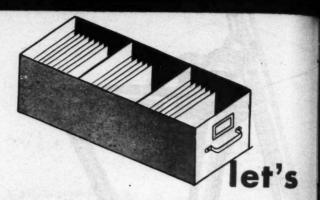
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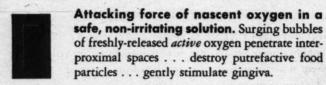
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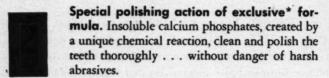


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EDITORIAL OFFICE: 708 Church Street, Evanston, Ill.; PUBLICATION OFFICE: 1005 Liberty Avenue, Pittaburgh 22, Pa.; Merwin B. Massol, Publisher; W. Earle Craig, D.D.S., Associate; Robert C. Ketterer, Publication Manager; Dorothy S. Sterling, Promotion Manager; Homer E. Sterling, Art. NEW YORK: 7 East 424 Street; S. M. Stanley, Vice Pres.-Eastern Manager. CHICAGO: 870 Peoples Gas Building; John J. Downes, Western Manager. ST. LOUIS: Syndicate Trust Building; LOS ANCELES: 816 West 5th Street; SAN FRANCISCO: 68 Post Street; Don Harway, Pacific Coast Manager. Copyright, 1947, Oral Hygiene, Inc. Member Controlled Circulation Audit.

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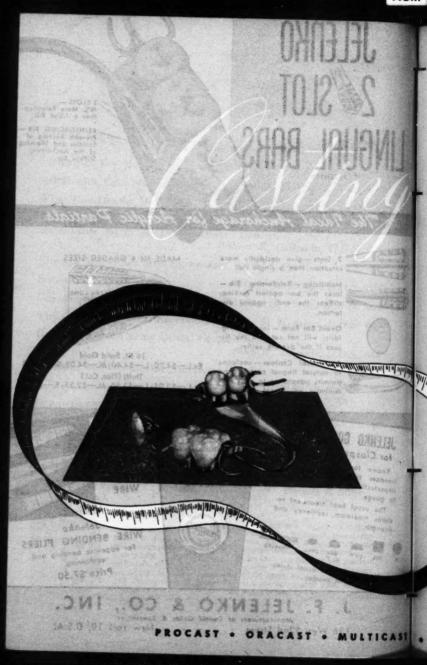
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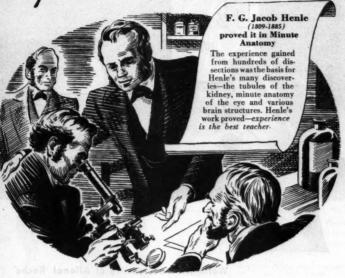
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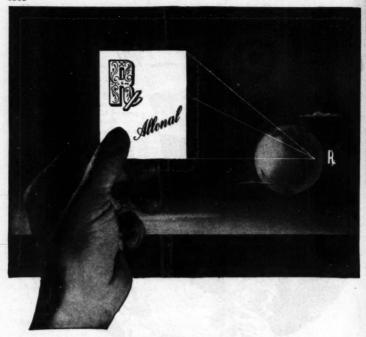


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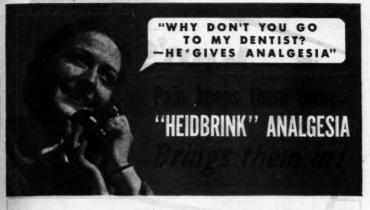


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ORAL HYGIENE FOR APRIL 1947 . 37TH YEAR

Picture of the Month



R. GORDON AGNEW, D.D.S. (center), of China, discusses dental problems with two of his former students at the Greater New York Dental Meeting. The two Chinese dentists are now members of the faculty of West China Union University Dental School.—Photograph by Howard A. Hartman, D.D.S.

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.

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A comment of the comm

By HAROLD J. ASHE

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WHILE SEVERAL government agencies are engaged in urging greater expenditures of public funds for health services, including health insurance for workers and their families, another branch of the government goes on its way totally unaware of the medical and dental needs of the public, and extracting every last dollar that can be had from harassed taxpayers. This is a

our government manages to be callously indifferent to what the other hand is doing. While tenderly caressing the taxpayer with one hand, the government belabors him with a blackjack in the other. Only the government might safely undertake such a paradox without so much as blushing. There comes a time when even the government needs to be told that taxpayers are getting weary of such an incredible performance. That time is now!

There is a fundamental defect in the logic of our tax code which, while levying taxes in order to provide among other things funds for the aid of the sick and the wretched, ignores taxwise the private expenditures for medical-dental care incurred by taxpayers who do not seek publicly supported medical care.

Many taxpayers who have not so far incurred heavy medical-dental bills are under the illusion that



such bills are fully deductible in computing their individual income tax returns. This, as I shall try to prove, is the biggest hoax ever written into a tax bill.

Current Tax Provisions

According to the tax code, a taxpayer may take a maximum deduction for medical-dental expenses up to \$1250 for one exemption, or \$2500 if there is more than one exemption. This seems eminently fair. Here is the joker. The first 5 per cent of adjusted gross income paid for medical-dental expenses is excluded from such deduction.

Few taxpayers, even though their medical-dental bills be extraordinary in a tax year, are able to get any tax relief because of this tricky exclusion clause. It is the first 5 per cent that hurts. Most excessive medical bills represent that percentage of adjusted gross income.

No such 5 per cent (or any other per cent) exclusion applies to such comparable personal deductions as contributions, interest, or taxes, though the first mentioned, at least, does not represent the urgency for the taxpayer that medical-dental expenses have for him.

Ironically, the taxpayer who gives \$100 to a hospital to help care for the indigent may deduct this amount from his income tax as a contribution. If, however, he pays this same hospital for his own or dependent's care, he may not deduct such an amount unless it. together with other medical-dental bills, exceeds the 5 per cent exclusion clause. Taking care of unfortunates represents a tax saving to the taxpayer; taking care of himself, instead of going to a charity ward at other taxpayers' expense, does not, in practice, result in a tax saving in most instances.

Medical-Dental Expenses

Let us observe this provision in operation. Here is a taxpayer with adjusted gross income of \$3,000. He had medical-dental bills totaling \$400 for the tax year, or \$1 out of every \$7.50 throughout the year. No one can argue that such an expenditure is normal. Yet, for tax purposes, \$150 (5 per cent of \$3,000) is excluded from the tax return, so that the taxpayer may deduct only \$250 for medical-dental expenses. Unless this \$250, together with other personal deductions, amounts to more than \$300, he will not effect one penny in tax savings because the short form (using the tax table) will allow him approximately 10 per cent to cover such deductions without reporting them-or incurring such expenses. A real tax saving will be made only on the amount in excess of the \$300, not on the \$300, itself.

Stated another way, another taxpayer with the same number of dependents as the first taxpayer, but having no personal deductions for contributions, interest, taxes, losses or medical-dental expenses, will have a tax identical with the taxpayer who has been burdened with \$400 in medical-dental expenses.

With social implications being injected more and more into tax legislation, it is time to recognize taxwise the role that medical-dental care plays in the well-being both of the individual and of the Nation. By removing this discriminatory exclusion clause, and putting medical-dental expenses on an even footing with other personal deductions, certain long-range benefits might accrue both to the taxpayer and to the country.

If, as many tax authorities now

argue, it is sound to reframe our income tax laws to encourage venture capital so that more jobs may be created and new sources of taxation may be opened up, it seems to me to be equally sound to encourage, through tax credits, a nationwide venture in better health and greater longevity.

Remove the 5 per cent exclusion clause and here are the long-range gains to be expected:

 Taxpayers will be given a genuine tax inducement to spend as much as they can afford on medical-dental services, including preventive care.

2. Political subdivisions now overburdened with charity demands, and seeking ever more tax revenue, will be relieved, at least to some extent, by patients being able to afford private medical treatment because of tax relief.

3. Because tax savings will permit more dollars to go toward medical-dental bills, taxpayers will have a longer life expectancy; a circumstance which will have definite dollars-and-cents economic value to the Nation.

4. With increased life expectancy, accompanied by better health, taxpayers' productive years will be extended. At the same time their numbers on relief and pension rolls—with attendant tax burden—will be decreased.

On this last score, alone, tax losses from permitting all medicaldental expenses to be deducted would more than be offset by the presence of more taxpayers on the tax rolls, and for a longer number of years. If a \$3,000 a year tax-payer (with one dependent in his declining years) is able to work only one additional year because of better medical care he has been able to buy in previous years, his tax value to the government (1946 rates) is about \$321. This additional "found" income tax money will more than offset the tax advantages he had had from about \$1700 in medical-dental expenses incurred in earlier years.

On a year-to-year basis, proper medical-dental care made possible by realistic tax laws will keep the taxpayer on the job earning more taxable income when, otherwise, he would be off the job because of illness. Suppose he does save \$19 on his income tax because of a \$100 medical bill. If proper medical attention keeps him on the job-or gets him back sooner-ten days work at \$10 a day will result in a \$19 income tax which will cancel out the \$19 credit. The government has lost nothing; the taxpayer has gained in physical well-being.

Prenatal Tax Exemption

In connection with this reform, the tax code should be amended to permit dependency exemption for children before birth. This may seem a revolutionary concept, but a strong legal and moral, as well as financial, argument can be advanced why exemption should antedate birth.

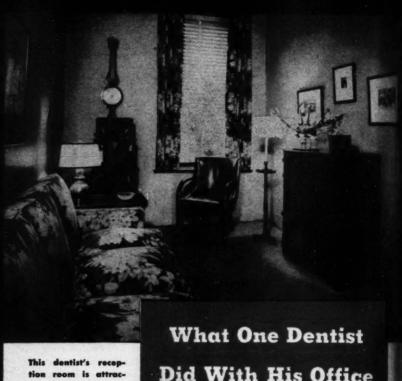
In the eyes of the law, a child

has an existence prior to its birth as evidenced, for example, by laws penalizing abortions. Moreover, on the financial side, a child represents great additional expense (aside from medical expense) prior to its birth. Working mothers must cease work months before the birth. Many expectant mothers must employ household help solely because of the child they are carrying, though such help is not a deductible expense.

Paradoxically, a child born up until midnight of December 31 entitles the parent to a \$500 exemption for the entire year; that is, a child conceived in March and born before year-end is presently worth at least \$95 as a tax saver. On the other hand, another child conceived shortly thereafter, and born, say, on January 1 of the following year, earns no tax exemption whatsoever for the previous year, even though the date of conception is almost identical. In fact, a sevenmonth baby might earn a tax exemption, where a nine-month baby would not. Incidentally, three fourths of the births that occur are from conceptions taking place in a previous year.

Those who are concerned with the falling birth rate of the United States, both as to quantity and quality, might well ponder this proposal. Unlike baby subsidies which would tend to encourage more babies in low-income families and among those least desirable as parents, a prenatal tax exemption

(Continued on page 624)



This dentist's reception room is attractively decorated for the comfort and ease of his patients.—Photos by Hedrich-Blessing Studio.

By BERENICE DAVIS FLIGMAN, A.I.D.*

SITUATED HIGH up in a skyscraper, and commanding a magnificent view of Lake Michigan, is the office of one of Chicago's prominent dentists. It is an office designed for a man practicing alone, with the help of one secretary-assistant. For this reason, the rooms are small, but everything has been planned for utmost convenience, and for the consummate comfort of the patient.

In the laboratory and two op-

erating rooms, careful consideration has been given to practical arrangement and efficient equipment. There are no "frills" in these spaces, but elsewhere there is none of the austere or impersonal quality so often associated with a dentist's office. Rather, one senses a quality of gracious living, since the dentist and the decorator agreed that there is a psychologic

*American Institute of Decorators.

This interior decorator's description of an attractively decorated dental office may furnish suggestions for redecorating your own office.

value in making the patient feel "at home." A visit to one's dentist is not likely to be a cheering prospect, but the mental hazards involved can be appreciably minimized by attractive surroundings. Many of the patients who come to this office have said that the dreaded appointment has become "almost a pleasure."

Reception Room

One enters a reception room which might well be someone's liv-

The dental assistant's alcove, with furniture of pickled pine, is decorated to blend with the other rooms. ing room. A comfortable sofa is flanked by two-tiered tables, which accommodate a large variety of magazines, and on which are placed commodious ashtrays and lamps made from antique pewter oil-burners. In one corner stands a



The "Renovating Room" is a convenience which particularly appeals to feminine patients.





This private office, especially planned for the comfort of the dentist who uses it, provides a restful atmosphere away from dental patients.

revolving book table of fine mahogany, which not only has decorative value but also holds books for those of more exacting literary taste. Above it hangs an antique English barometer which gives one an "inside track" on tomorrow's weather. Close to the bookstand a comfortable leather armchair is drawn up so that one may take advantage of daylight from the window; and for use on gloomy days, and late winter afternoons, there is a conveniently placed standing lamp.

On the long wall opposite the sofa is a fine antique English cabinet. The dental assistant always has a bowl of the season's flowers. or a blooming plant, on the top of it. This adds gavety and cheer, and the highly desirable "personal touch." Above the cabinet and the sofa are hung a series of old caricatures of the profession of dentistry. When the decorator first suggested using these, there was a question in the dentist's mind as to the wisdom of reminding the patient of the business at hand; but. actually, they depict techniques so fantastically different from presentday methods that they have proved only amusing.

At the end of the room near the doorway (not shown in the photographs) is a mirrored sliding window which the dental assistant opens from her desk in an adjoining alcove when the door buzzer announces a patient. Since her duties are multiple, this device is a great timesaver. The assistant's desk and leather-upholstered chair are of pickled pine, and her lamp is made from an antique Dutch pottery wine jug. Above her desk, and on the walls in the adjoining hallway, is a collection of old Botany prints in bamboo frames. Conveniently at her side are file cabinets and shelves for office equipment which are hidden from view by walnut doors.

Close to the operating rooms is an alcove especially designed for the dentist's feminine patients who have dubbed it the "Renovating Room." Here are a handsome mirrored dressing table, a comfortable hassock, and an ample mirror for the patients' convenience. A closet is provided for coats and hats. Of course, there is no "Ladies Only" sign on this equipment, for the men patients find it equally convenient.

Dentist's Private Office

At the end of the hall, and next to one of the operating rooms, is a small office where the dentist may stop for a chat with his patients, or where he may close the door and attend to business matters. Here he has an ample desk, a comfortable desk chair, a leather lamp, and all the accessories desired by a professional man. A ratchet sofa provides seating space for visitors, and has the added utility of turning into a comfortable place to relax after a hard day's work. Above the sofa is hung an aquatint of Old Chicago, and on the other walls are a series of lithographs of bird dogs, as hunting is one of the dentist's favorite forms of recreation.

In planning the decorative scheme for this suite, the aim was to provide colors and materials at once attractive and practical. Although the emphasis was upon creating a homelike atmosphere, the decorator had to bear in mind the hard use to which an office is put, and, also, the grime and soot ever present in Chicago's Loop. At no point was practicability sacrified to beauty. The floors throughout are carpeted in a neutral beige tone. The walls of the reception room, hallway, assistant's alcove, and "powder room" are painted a soft copper; the dentist's office a warm beige; and the operating rooms and laboratory a light caladon green. The color scheme of the suite is brown, copper, beige, and green, used in various quantities so that there is a harmonious unity throughout. In the reception room, the sofa and draperies are of a heavy printed fabric in tones of copper and green on a brown ground, and leather in a deep olivegreen tone covers the chair at the window and a small bench close to the entrance door. The same leather is used for the assistant's chair and for the top of her desk, and the series of Botany prints repeat the copper and green tones. In the little alcove housing the dressing table, olive greens are repeated in the detail of the table and mirror, and in the velveteen-covered hassock. A pair of lamps made from antique Sheffield candlesticks, with their shades of cream lumarith, provide ample light.

The dentist's private office, with its beige walls, has draperies of a beige and green printed fabric, and the ratchet sofa is upholstered in a green herringbone wool of sturdy quality. His desk chair of brown leather repeats the tone of the leather-topped desk, and the lamp and the accessories are of pewter-from ashtrays to the ceiling light-specially fashioned, and hand-wrought. The beige, green, and brown scheme dominant in this small room provides the quiet and restful atmosphere so essential to its purpose.

The average dental office has

been a popular subject of discussion for many long years; but, unfortunately, for the most part, comment has been derogatory. It is time for the members of the profession to make an effort to create such attractive offices as to disayow all the old cliches about rows of hard chairs, bad lighting, and outdated magazines. There is no reason why the failures of the past should affect the dentist's present thinking, and every office-with whatever limitations it may have of space or budget-can, with careful planning, be made attractive as well as utilitarian. Whether one is planning an entire new suite. or is simply refurnishing an old one, a real effort to create beauty will be rewarded far out of proportion to the work and the expense involved.

257 East Delaware Place Chicago 11, Illinois

ALL HEALTH CARE SHOULD BE TAX DEDUCTIBLE

(Continued from page 619)

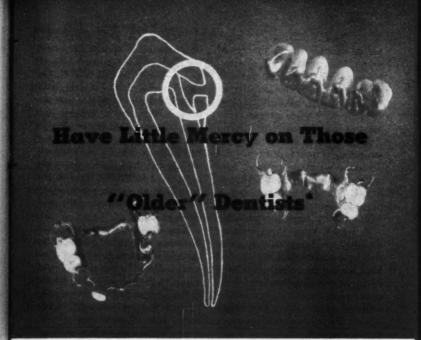
would be of greatest assistance to those in the small-family, middleclass groups where such an exemption could actually apply against taxable income. Large-family, lowincome groups already have more exemptions than necessary for tax purposes, so such a law would not be an incentive to them.

It has been observed that the power to tax carries with it the despotic power to destroy. It is time that an enlightened body of lawmakers recognizes the wisdom of using the power to tax as a benevolent power to give life and to extend it.

233 South Broadway Los Angeles 12, California

ORAL HYGIENE AWARD

This month's \$100 Oral Hygiene award for the best article published has been won by Harold J. Ashe.



An ex-Service dentist discusses the dental service provided by some of the wartime civilian practitioners.

By ROBERT R. LABRIOLA, D.D.S.

It has been a source of amusement and yet amazement to us men who have been in the armed forces to hear some poor exhausted "stayat-home" dentist try to explain the "trials and tribulations" experienced during the war. High upon the list is that old standy-by: "You really don't know how lucky you are not to be troubled with all these people clamoring for appointments"; or "Laboratory fees and income taxes have sky-rocketed so that when all is said and done there is little left for me." Those statements are all commonplace now, but let us see exactly what has happened to our profession in the last five years.

Granted that the dentistry needed by many was placed in the hands of a few operators, this did not give the dentist license to take full mouth roentgenograms for diagnostic purposes, then take impressions for the replacement of missing teeth with removable appliances; followed by dismissal of the patient upon insertion of the

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^{*}This article is written in reply to A LITTLE MERCY FOR THE OLDER DENTESTS by Burke W. Fox, D.D.S., which appeared in the December, 1946, issue of ORAL HYCENE.

partial denture with no thought of prophylaxis, restorations, or treatments needed. How much time was devoted to conscientious diagnosis? How many full dentures were recommended when proper treatment of the teeth and surrounding structures would have assured the patient's retention of a natural dentition for many years? Those are questions many of the "stay-athome" dentists alone can answer now that the war is over and they have sufficient time to reminisce.

A typical example of wartime dentistry was brought to my attention by one of my patients who had been having difficulty with a large cavity on the distal surface of the upper right cuspid. Upon presentation at a "stay-at-home" dentist's office, his mouth was properly roentgenographed and a subsequent appointment was made. Six weeks later the patient had the privilege of hearing an extremely lucid diagnosis, followed by hydrocolloid impressions-needless to say no mention or attention had been given the troublesome cuspid. Upon his questioning the dentist. he was informed the cavity would be taken care of later. Time marched on-and at the next appointment Mr. X was presented with two removable dentures, each replacing one tooth, for the slight consideration of \$250. He was then dismissed with no mention made of the caries present. And much to the chagrin of the patient. he was informed that because of the overload on the dentist it would be impossible to operate on the ailing tooth at this series of appointments—would he call later for an appointment? It is not difficult to understand the patient's attitude toward dentistry in general and that dentist in particular. It was not uncommon to see mouths that had calculus which, even though the dentist had been practicing dentistry a la Braille, there would have been no excuse for missing; yet beautiful gold partials were much in evidence.

Now, exactly what has happened in many of these offices? No thought was given to a sound diagnosis followed by reconstruction of ailing teeth and proper treatment to the surrounding structures prior to insertion of necessary appliances. Instead there was a quick survey of what could be performed with the slightest inconvenience to the operator, and with the greatest remunerative return.

Another case that deserves mention was brought to my attention by a fellow Service dentist. Mrs. B appeared in a wartime dental office for a periodic check-up, and, following a routine roentgenographic examination, was informed that an anterior fixed bridge replacing the two upper central incisors was improperly designed and would need to be replaced. And replaced it was by removal of the pontics and a removable chrome alloy appliance inserted. The abutment teeth were not molested: however, that was more than the patient could say

(Continued on page 636)

Chicago Midwinter Meeting Focuses World Interest

Far East, Europe, Africa, and Latin America represented.

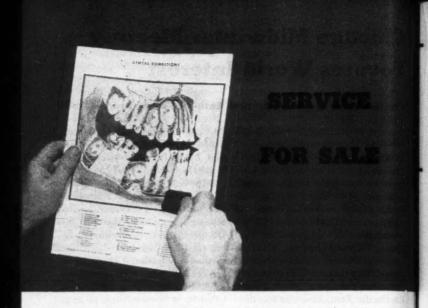
Science is universal: it recognizes no national boundaries when human welfare is concerned. This fact was pointed up in a most impressive way at the Eighty-Second Chicago Midwinter Meeting at which 13,913 persons registered to make a record attendance for a dental meeting sponsored by the Chicago Dental Society. Of the 7,501 attending dentists seventy came from twenty-five countries outside of the United States, From the Pacific Area, Australia sent the largest delegation, eighteen in all. New Zealand, India, China, Hawaii, were also represented, and two women dentists came from the Philippine Islands. There were delegations from Great Britain, Canada, Alaska, a dentist from South Africa, and seventeen from seven European countries.

American republics represented at the meeting were Argentina, Brazil, Chile, Cuba, Guatemala, and Mexico. A delegation of eleven dentists from Buenos Aires was headed by Doctor Humberto Aprile, President of the Argentine Dental Association, who extended an invitation to his colleagues in the United States to attend the First Inter-American Dental Congress to be held in Buenos Aires

in October. Speaking of the reception of the Argentine delegation by the Chicago Dental Society, Doctor Aprile said:

"The Executive Committee headed by Doctors Robert I. Humphrey and Robert J. Wells, and the Reception Committee directed by Doctor Joseph B. Zielinski, received the Argentine delegation cordially and offered every possible facility with such generosity as to engage our gratitude. In October, in Buenos Aires, we hope to have the opportunity to reciprocate these favors to our North American colleagues who visit the First Inter-American Dental Congress. We have named Doctor Daniel F. Lynch, Chairman of the International Relations Committee of the American Dental Association, corresponding member of the Argentine Dental Association and adviser in the United States on matters relating to this Congress.

"I should like to add that the Chicago Midwinter Meeting was not only one of the great dental congresses of the world but, more important, it has served to reaffirm the cordial relations and warm friendship among dentists of all the continents."



A dentist explains how he teaches his patients the value of his professional services.

By HARRY C. PEAKE, D.D.S.

PEOPLE, as a rule, are willing to pay for services. They will pay for something they know they are getting, whether it is an article they can wrap up and take home, or just a little extra courtesy on the part of a waitress.

And there you have it. The waitress gives service, and if she is cheerful and attentive, it usually pays off in tips. In this case, the patron understands the service he is getting. He appreciates the saving of time and the attention which makes his meal more enjoyable. It is not necessary for the waitress to explain the consequences to the diner if she were to sit back and ignore him.

However, when a patient enters a dental office and says: "Hey Doc, fill this tooth, will you?" how much does he understand of the service involved? Does he realize the ratio of comfort and efficiency between his own tooth and an artificial one? The average patient sees the "hole"—or feels it with his tongue—in the tooth, and realizes in a vague way that unless something is done about it, the results may be most upsetting.

But the dentist who is on his toes should see more. If he is simply looking for holes, he is in the wrong profession. I should strongly advise such a man to give up dentistry and start drilling for oil. There is far more money in those "holes" than in any he is likely to find in a mouth.

Dental Service

Caries of the teeth are a definite lesion of body tissue, and must be treated by the dentist as such. To the patient, until he is instructed concerning the service necessary in his mouth, a hole is a hole, and, according to the thrifty streak found in most persons, should be restored with the cheapest material possible. Unless, of course, the restoration will be in view of discerning neighbors who might be inclined to tilt their noses a degree higher if the material was not at least as good as that in their own mouths.

Any paving company can sell material to fill a hole, but only a trained dentist can provide the service necessary to restore the tooth to natural function. Don't ever sell a restoration to a patient. The dentist has nothing to sell but the services he renders.

Did you ever have a big burly man shoulder his way into the office and say: "Yank this tooth, will vah?"

When the operation is completed and you tell him the fee is two dollars, he blows up. "I could have got it done for a buck down the street," he explodes.

On rare occasions when this has

happened, my assistant courteously tells the patient that we do not attempt to compare our services with those which may be obtained in any other office. Then she continues politely: "But if you do not appreciate the service which we have rendered you, we will allow you to pay the fee which you mention (which we know right well is his own idea, and not the fee of any man practicing in our neighborhood) provided, of course, that you leave our office in as spotless a condition as you found it. I can assure you I am more than willing to pay the extra dollar out of my own salary to avoid having to clean up such a mess."

Small-Town Practice

People are willing to pay for service when they understand what they are getting for their money. I recently bought a practice in a small town situated in a prosperous farming district. My friends all thought I was entering my second childhood, for I had practiced ever since graduation in a large city, and had specialized in oral surgery. However, after discharge from the armed forces, I did not feel like resuming the hectic struggle for existence in a city, so came to the small town to "waste my talents" and "vegetate."

This practice which I bought had been carried on in the old "horse and buggy" manner. Patients came in and sat around like owls on a branch, until their turn came. Extractions were a dollar each, regardless of the difficulty of the operation, and restorations were sold by the ounce. The furnishings and equipment were the originals which were brought ashore when the good ship Ark ran aground on Mt. Arrarat. A revolting prospect—and not an aspirin in the place for headaches! What would these people understand about service?

The problem was where to begin. Knowing I should never be satisfied to conduct an office along these lines, I concluded the changes which I would later insist on might just as well be instituted immediately. From the day we threw open the doors, no patient was taken without an appointment unless it was for the relief of acute pain.

Educating Patients

I commenced my campaign of education by instructing the patients to understand that I was not selling restorations or dentures-"plates" to them. The only article we had to sell was time, and whatever service we were able to render in that time. I explained when I made an appointment that the time specified became the property of the patient to whom it was given, and pointed out how annoying it might be for him if I allowed someone who had just "dropped in out of nowhere" to crowd in before him.

It was difficult at first to convince some of the "old guard," but within six months my office was running to appointment as smoothly as any city practice.

But that was only the beginning. The man I bought out told me I would have to be satisfied with a dollar per tooth for extractions, and that I did not need to think I could do any "fancy surgery" out there in the country.

Improved Equipment

Right now I wish he could see our office six mornings out of seven. To begin with, we completely renovated the operating room, threw out half the relics which were there, and had the equipment refinished in ivory instead of the funereal motif which had previously prevailed. Then I installed an aspirator and an impactor and settled down to give my patients the best in surgical treatment within my power.

My predecessor laughed when he saw the new setup. The people around here would never allow an impactor to be used on their teeth, he asserted. I agree with him, too. They never would have—only I explained why I used the impactor. When I used the aspirator, I also explained why. In other words, I made sure they understood the service I was rendering them.

Some of these patients had bitter memories of previous "dollar extractions." I heard tales of one, two, and even three-hour sessions which bull-headed dentists had with teeth, and even two instances of fractured jaws.

So my predecessor laughed-

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and so did I! I firmly believe if I lost my impactor the people of the town would take up a collection to buy me another. Fees? They have more than doubled—and no complaints.

I never make comparisons between my services and those of another dentist. I simply give them my best, explain what I am doing, and let them draw their own conclusions.

Never take your service for granted. It is a big thing for the patient, but most do not understand what is being done for them. Don't brag, but in an unobtrusive way make sure they understand the value of your services.

"Farmers won't go for acrylic dentures."

At least, that was what I was told. But a farmer is a human being with a lot more intelligence than some of his urban brothers. Of course, he will not pay for an acrylic denture if he thinks—or is

allowed to go on thinking—that a vulcanite one at two thirds the price is just as good. However, in six months, I have set three vulcanite dentures, which would be about one per cent of the total number.

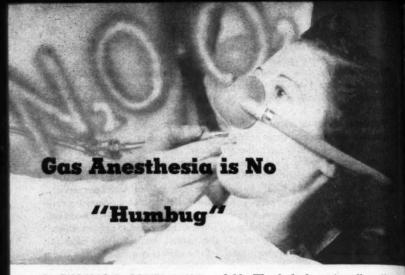
The dictionary defines service as "duty required or performed in any office, employment, aid or kindness rendered to another." Let us render aid and kindness to our patients. If they understand we are not selling articles, but rendering service, the feeling of respect which the patient bears for the dentist will be greatly enhanced.

Above all, if a patient refuses to accept advice, and insists that his directions be carried out, invite that patient firmly but politely to find someone else to undertake his dental care. No service can be rendered against the better judgment of the one performing that service.

Timberlea Parkhill, Ontario, Canada

SUCCESS IN DENTAL PRACTICE

LET US consider methods of creating and maintaining a pleasant client and patient relationship. To do this we must manifest a true spirit of understanding—a sincere desire to sympathize with and familiarize ourselves with each client and each patient's characteristics, because no two people are exactly alike. When we have mastered this consideration, we will have achieved our goal of preventing the fear and apprehension which too often is associated with a visit to the dentist. We must realize that our patients are not always dependent on us, but we are entirely dependent upon them. They are the most important part of our profession. Courtesy and kindness to them are two prerequisites of a successful career.—LLOYD H. DODD, D.D.S.



By THOMAS G. CONTE, D.M.D.

DENTISTRY CAN feel rightfully proud of the fact that anesthesia, one of the greatest benefits ever given to mankind and medicine, was discovered by Horace Wells, a practicing dentist from Hartford, Connecticut. This contribution made possible the alleviation of pain during surgery and provides the "bridge" to connect medicine and dentistry which is needed more than ever today.

However, as we look about we can find a situation in dentistry of an enlightened public in larger communities clamoring for nitrous oxide-oxygen administration and a group of lethargic practitioners who offer a limited service in this ¹Flag, P. J.: Wells and Pneumatology: Bridge Between Dentistry and Medicine, Ann. Den. 3-94-99 (December) 1944.

field. We find that virtually all practitioners are willing to use and work with nitrous oxide in the first stage of anesthesia, the analgesic stage, and are deriving considerable satisfaction from the results obtained. But most of these men hesitate when the use of nitrous oxide-oxygen is suggested for more extensive operations, even though its use requires only one thing besides equipment, and this is knowledge. Nitrous oxide-oxygen administration is not a "humbug" that is in the experimental stage; it is practical dentistry. With our modern equipment and knowledge of the gases and their physiologic effects we have a whole field known as dental anesthesiology available to all who are willing to learn.

Dentists should be qualified to administer both local and general

A dentist advocates wider use of general anesthesia in dental practice.

anesthesia and offer a choice, in those cases where one or the other is not contraindicated, to the patient. Contrary to the usual teaching, local anesthetics are more frequently contraindicated than general.

As a rule nervous individuals should be given a general rather than a local anesthetic.

Preferred Anesthetic

Several factors must be considered when deciding which of the two methods can be used to best advantage. The first of these factors is the risk entailed. For operations of short duration, either general or local anesthesia is acceptable. However, on more prolonged operations the possible harmful sequelae of the general seem to outweigh the local. Under ether, septic pneumonia may develop; and with most of the gases, anoxia and asphyxia may result.

The next consideration is the

character and extent of the operation to be performed. If there is an acute inflammation around the tooth, we must use a general anesthetic, and for more prolonged procedures in the oral cavity involving more than one tooth in different quadrants of the mouth the general anesthetic is preferred. Another factor is the discomfort to the patient caused during administration of the local anesthetic because of the visual awareness of the needle. the injection with the needle, and the fact that the patient knows exactly what is going on and therefore may develop a severe psychic effect. There also is discomfort after the operation is completed following local anesthesia that is not usually present after general anesthesia.

Another important factor is the length of time required to perform the operation. Here we find certain advantages in using a local anesthetic rather than general. The du-

ETHER AND HUMBUG

"There are those of great influence in this new profession of anesthesiology who would, if they could, abolish all opportunities in our hospitals for the nurse, or for that matter any one not possessing the M.D. degree, to obtain instruction in the art of anesthesia. What would Morton, the dentist, think of that, the man whose epoch-making work we are celebrating today? Let us not have any humbug in affording the benefit of that work to all the people,"—Evarts A. Graham, M.D.

ration of the anesthetic can be lengthened, if necessary, by further injections, especially when unexpected difficulties arise (fractured root tips or bone processes). Because of the longer time available for the operation there is much less likelihood of lacerating the tissues under local anesthesia. Another important factor is the skill of the operator. This factor is the one which usually determines what method the practitioner will employ. However, the operator should be qualified and skilled in both types, and with a little training and experience can acquire a high degree of proficiency with either method.

Nitrous Oxide-Oxygen

It has been established that the safest anesthetic available to the dentist is nitrous oxide-oxygen (one death in five million administrations).2 We shall consider now the advantages and disadvantages of this anesthetic over local anesthesia. The advantages are as follows:3

- 1. Complete loss of pain
- 2. No discomfort to the patient
- 3. Free bleeding and proper blood clotting in the wound
 - 4. Perfect healing
- 5. Comparatively little postoperative pain
 - 6. Short period of healing
- 7. Few cases of postoperative hemorrhage

²Broadhurst, A. M.: Lectures in Pharmacology, Tutts College Dental School, 1945. ²Tannebring, C. H.: Lectures in Nitrous Oxide and Oxygen Anesthesia, Tutts College Dental School, 1945.

8. Short period of operating time required.

The disadvantages of ritrous oxide-oxygen over local anesthetic are:

- 1. More skill required of the operator
- 2. Responsibility greater on the part of the operator
- 3. Not all patients are suited to

4. Occasional nausea and depression follow.

Now I shall list a few of the patients for whom the use of nitrous oxide-oxygen may be contraindicated. It should be remembered at this point that there is no safe anesthetic that can be administered to patients having heart dysfunction or any circulatory irregularities. Remember, too, that these contraindications do not eliminate the possibility of successfully administering nitrous oxide-oxygen to these patients, especially if precautionary measures are instituted and caution is taken. These persons for whom the use of nitrous oxideoxygen is contraindicated are patients having:

- 1. Mitral stenosis
- 2. Heart condition
- 3. Hyperthyroidism or hypothyroidism
 - 4. Asthma
 - 5. A nasal obstruction
 - 6. Tuberculosis
 - 7. Status lymphaticus
 - 8. Anemia
 - 9. Circulatory conditions
 - 10. Aortic regurgitation
 - 11. Infections or tumors of the

neck and air passageways

- 12. Exophthalmic goiter
- 13. Diabetes
- 14. Malaria
- 15. Influenza
- 16. Diphtheria
- 17. Alcoholics or patients having drug addiction
 - 18. Patients who are pregnant
- 19. Adolescents and children under 4
- 20. Patients who are excessive-
- 21. Patients who are the athletic type.

The contraindications for local anesthetics are best considered under two categories: 4 those patients for whom a local anesthetic is altogether contraindicated or is so disadvantageous as compared with a general anesthetic that it is inadvisable to use it; and those patients for whom adrenalin is contraindicated rather than procaine.

Those persons for whom the use of a local anesthetic is contraindicated are:

- 1. Extremely nervous patients
- 2. Patients whose mouths are in a highly septic condition
- 3. Patients for whom it would be necessary to pass a needle through acutely inflamed tissue in order to produce anesthesia
 - 4. Patients having influenza
 - 5. Patients having acute fevers
- 6. Patients having puerperal fever
- 7. Patients having boils or carbuncles

⁴Lazansky, J. P.: Lectures in Oral Surgery, Tufts College Dental School, 1945. 8. Patients suffering from general debility.

Here it must be remembered that some of these circumstances are not satisfactory from the point of view of a general anesthetic, and a local infiltration may be the lesser evil.

Adrenalin raises the blood pressure for about ten minutes after its injection and for this reason is contraindicated in patients suffering from heart disease; especially when this disease is accompanied by arteriosclerosis and a high blood pressure, pulmonary tuberculosis, angina pectoris, auricular fibrillation, or Graves' disease. Pregnant women and people over middle age are to have special consideration when administering a local anesthetic.

There are indications and contraindications for both general and local anesthetics, and experience has shown that a high degree of efficiency can be developed by dental practitioners in the administration of either method of anesthesia. The advantages to be derived by offering to the patient a choice of anesthesia, especially in those cases where either method might be used, are:

- Elimination of "selling" the patient on a method which he distrusts or does not want.
- Increase in prestige when the patient recognizes the more complete available service offered him by the dentist.
- 3. Increase in practice as there would be no loss of patients be-

cause of failure to administer the type of anesthesia the patient desires and there would be an influx of patients who are seeking nitrous oxide-oxygen anesthesia.

The dentist has at his disposal a great practice builder in nitrous oxide-oxygen, and, although he has a "birthright" to it, we find that most practitioners are reluctant to avail themselves of the opportunity present. However, as the public becomes more familiar with nitrous oxide-oxygen, there will be a greater need for efficient men in this field of dentistry and dentists will find themselves compelled to administer this anesthetic despite

their persistent reluctance to do so. All dental colleges have courses in general anesthesia, as do anesthetic equipment supply houses, which are available to any and all practitioners. Dentists will find, since we may assume that they have already developed a proficient surgical technique using local anesthetics, that the transition to general anesthetics is not too radical a change. The same surgical and exodontic procedures which they already possess can be used with little or no variation when employing a general anesthetic.

886 South Broad Street Trenton, New Jersey

HAVE LITTLE MERCY ON THOSE "OLDER" DENTISTS

(Continued from page 626)

about her purse—that appliance cost her \$400.

And now let us see how children fared in the wartime office. Many stories such as-"Children's teeth really don't need attention-they will soon be replaced by permanent teeth." Fine, but what happened when they were? Well, the story really couldn't be the same, but if the tooth couldn't be removed and the parent could not afford a terrific fee, it was always possible to make the appointment three or four months off and many did. As for periodic prophylaxis and check-ups-why mention that? Meanwhile preventive and intelligent dentistry was taking a beating from the few who previous to

this time were lucky to make expenses. They suddenly became selfstyled specialists and "big shots."

There were many men who were and still are extremely conscientious, who were not opportunists. This article is not aimed at them. It is meant to bring to the attention of a few of the "stay-at-home" dentists that they certainly have not been their "brother's keeper" but that they did succeed in driving sound, intelligent dentistry back at least fifty years. So for the benefit of those few renegades I say, "Have little mercy on those 'older' dentists!"

3780 Wilshire Boulevard Los Angeles 5, California



So You Know Something About Dentistry!



QUIZ XXXI

- 1. Geriodontia is the (a) dental treatment of old people, (b) history of dentistry, (c) relation of dentistry to medicine.
- 2. The least changeable portion of the mandible is (a) the condyle, (b) the external oblique ridge, (c) the angle, (d) the alveolar ridge.....
- 3. Is it true that in cases of severe arthritis the resistance of the periodontal tissues may be lowered potentially with the result that individuals so affected definitely are predisposed to periodontal diseases?
- 4. If the saddle areas of a partial denture are too small, does an overloading or an underloading of the mucosa occur?
- 6. What is the only mineral acid known not to affect tooth structure?
- 7. Bruxism has to do with (a) excessive grinding of the teeth, (b) stoppage of Wharton's duct, (c) impacted third molars, (d) congenitally missing teeth.

- 10. What is the purpose of tin in amalgam?

FOR CORRECT ANSWERS SEE PAGE 660



Dentists in the News

Columbus (Ohio) Dispatch: A double enthusiasm for dentistry can be found in three Columbus families who believe that their dental partnerships pay dividends to their patients and to themselves. The dental teams are Doctors Genevieve and W. C. McMenamy, Mary and B. F. Hoagland, and Ruth and W. O. Kirsten.

The Doctors McMenamy share a three-chair dental office with the dentist-wife specializing in anesthesia, oral hygiene, and children's treatment. They have practiced together since their graduation from Ohio State University College of Dentistry about twenty years ago.

The McMenamys have more than just their profession in common with the Hoaglands, whose offices are half-a-block away, for Doctor Genevieve McMenamy and Doctor Mary Hoagland are sisters. An older brother, a dentist, encouraged them to enter dental school. Each of them met her future husband in her dental classes.

Doctor Mary Hoagland practices dentistry only half a day so she can be home when the three Hoagland children return from school. The whole family shares an enthusiasm for the two family horses, and their vacations are spent making the rounds of horse shows.

Doctor Ruth Kirsten took dental courses so she could share her husband's interest in the profession. Doctor W. O. Kirsten had been out of high school for eighteen years when he decided to take up dentistry. He and Mrs. Kirsten came to Columbus so he could enter Ohio State University, Mrs. Kirsten

studied for her master's degree while her husband studied predental courses. Then she took a few courses in dentistry so she would know what her husband was discussing. She became so interested she decided to continue until she had her dental degree. When they both had their degrees they opened offices in Columbus in their home.

All three dentist-wives are enthusiastic about their profession. "And think of the dental bills we don't have to pay" they say. The husbands and wives take turns operating on each other's teeth.

Worcester (Massachusetts) Telegram: After practicing dentistry in Dedham, Massachusetts, for eleven years, Doctor John Patrick Glancy closed his offices to become a Catholic priest. Following five years of study he was ordained by Most Reverend Richard J. Cushing, Archbishop of Boston. Father Glancy will be assigned to the Burlington, Vermont, diocese.

Atlanta (Georgia) Journal: Doctor Anderson M. Scruggs, Atlanta dentist, finds time to pursue not just one profession, but three. He is a dentist, a poet, and an histologist. Besides practicing dentistry and being professor of histology at Atlanta-Southern Dental College, Emory University, he is a wellknown poet.

As Doctor Scruggs himself says, "I believe I am better known as a poet than as a teacher—and better known for my poetry in New York than in Atlanta. And another thing, don't call ile

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et vn in poetry my 'hobby.' It is my avocation. No art can be a hobby."

This dentist first started writing poetry when he was 18. Since 1930 his poems have appeared nearly every year



in Thomas Moult's Best Poems anthologies published yearly in the United States and in England. He has also published two books, GLORY OF EARTH and RITUAL FOR MYSELF.

Chicago (Illinois) Tribune: When Hideki Tojo receives his new dentures he won't have much of an opportunity to forget Pearl Harbor. Doctor Jeff B. Bruton, a Naval Reserve dental officer of Dallas, Texas, wrote his parents that he and Doctor Jack R. McMahon of Longview, Texas, and Doctor Clifford Ochsenbein, of Texarkana, were ordered to visit Tojo in his prison cell, where he awaits trial as a war criminal, to make impressions for new dentures. To remind Tojo of his war activities, the three dentists engraved "Remember

Pearl Harbor" in Morse code on the upper denture.

Newark (New Jersey) News: Doctor Samuel Mamlet, a dentist of Passaic, New Jersey, sailed recently for Europe at his own expense to spend four months providing dental care for displaced persons and war orphans. He took with him twenty cases of food, clothing, and dental supplies which he and his friends bought and packed.

Doctor Mamlet plans to furnish dental care through relief organizations in France, Belgium, Holland, Czechoslovakia, and Italy.

Pottsville (Pennsylvania) Republican: On the third of a series of explorations they are making in Mexico, Doctor Harry L. Logan, of Pottsville, and Doctor Ralph E. Raker, of Shamokin, left recently for Acapulco where they will make a scientific survey of the teeth and mouths of primitive children. The data regarding irregular arches and carious teeth of the natives will be compiled and photographed.

From Acapulco, these two dentists will go to Pie De La Custa, and then to the jungle area of Pinatepa, a district which has never been visited by North Americans. An interpreter will accompany them on this trip and they will record on phonographs the language and folk songs of the natives.

This month's awards for items published in DENTISTS IN THE NEWS have been sent to:

H. MILTON FIELDING, D.D.S., 32 Franklin Street, Worcester 8, Massachusetts. Homer C. Brown, D.D.S., 1816 Franklin Avenue, Columbus 9, Ohio.

FRANK HARMON, Independence, Ag Hill, Athens, Georgia.

MORTON PARMET, D.D.S., 408 North Centre Street, Pottsville, Pennsylvania. AREJAS VITKAUSKAS, 43 Mercer Street, Jersey City 2, New Jersey.



RKO Photo

A balance between the working and living activities of the dentist can be achieved through an understanding of those forces which govern his economic and social welfare.

By M. R. STERN, D.D.S.

WORKING IN a narrowly circumscribed profession, dentists are likely to develop a limited perspective. It has been said their vision is bound by their money-making routine. When things go wrong they blame causes beyond their control such as world conditions, strikes, or the farm situation, without knowing why or how. Uninformed, they are unable to protect their interests.

Economics, as presented at dental meetings and as so frequently published in dental journals, is not economics at all. It is practice building or business administration.

Economics formerly had to do with the administration of wealth and resources of a country, community, or household. But modern economics may be regarded as the study of the work activities of people in an organized society for the purpose of satisfying their wants. Note the concepts of work and want. In our society one is usually exchanged for the other, directly or otherwise, through the medium of money or its equivalent. It may be said, then, that economics has to do with people and money and things. It is not an exact science as chemistry or mathematics, perhaps because of the human welfare elements which change constantly and upset scientific conclusions.

Consider the experience of the past two decades and it becomes apparent that the period was accompanied by continual fluctuations in the status of business and in the welfare of people. Many may recall the jolt of realization at the seriousness of a depression as they watched it yield, in time, to renewed hope. Many have witnessed prosperity work itself to a feverish state only to come to a halt engulfed by delusion. What does it all mean?

Economic Fluctuations

In a relatively free economy, absolute stability never exists. Normally ups follow downs which are in turn followed by ups. In periods of upswings only preachers and radicals think of economic and social welfare. In periods of downswings even big business and politicians turn their minds to the consideration of socioeconomic problems. In prosperity the mind becomes blunted with the ease of acquisition; the soul dwarfed and starved, although the body is well fed and protected. In depression the body becomes undernourished; the mind stultified and warped with anxiety and the soul charged with bitterness and hate and the tribulations of poverty. Ups and downs! Prosperity and depression! What are these fluctuations, these cycles, what gives them impetus? The business cycle may be defined as fluctuations in the economic activity of an organized community. They are not like the measured, rhythmic oscillations of a pendulum. These fluctuations may be minor and mild as those affecting only a segment of a community; or they may be seasonal, occurring every year. They may be short and definite or long and indefinite; or they may be major and serious disturbances as inflation and dizzy speculation, or harsh depression leading to crisis and even panic.

Simply stated, the business cycle is composed of periods of depression, revival, prosperity, and recession. Each of these periods leaves its effects on the social picture of the community. Thus, there are periods of industrial collapse, unemployment, poverty, and increased crime; followed by the beginning of production, improvement of employment, and general renewal of hope; then layoffs, lower prices and wages, and reduced savings. Then the whole process starts over again.

Money and Welfare

Any interpretation of the gyrating course of business and social welfare must recognize two sets of factors in our working and living activities. One, the money factor which has to do with savings, spendings, investments, and credit. The other, the welfare factor which has to do with production and consumption. These two factors are the giant dynamos which give drive

to the cycles. The controls of these dynamos lie within the province of rising and falling prices.

So then, the rising and falling of prices of things automatically and unceasingly control the forces of people's savings, spendings, and credit, as also their production and consumption; creating a mass of variable relationships so inextricable and so hopelessly unsepara-

rable as to defy scientifically exact

analysis and interpretation.

Dentistry, as part of the general economy, is influenced by the business and sociowelfare cycles. Dentists, as administrators of their individual, if small, enterprises must learn about these matters. But knowledge alone is not enough. Understanding the concept of this shifting panorama of economic and social welfare, and intelligent application of this knowledge, serve as a tool for the formulating of policies that may be of benefit in the guidance and control of dental enterprise. This is for the purpose of first, the harvesting of reward for effort-gain; second, the setting up of safeguards against contingencies to avoid-or at least to minimize-loss; and third, the developing of alertness to opportunities that may be taken advantage of profitably.

Gain may be said to be the satis-

fying of wants. Gain, briefly, implies pecuniary gain—profits money; economic gain, wealth and possessions; and social or welfare gain, improved standards of living and security. Loss, on the other hand, may imply poverty, a poorer standard of living, and insecurity.

Building a practice, making money, and living well are arts which can be cultivated and acquired in various degrees to satisfy individual standards. Recognizing that decline appears at the pinnacles, and that hope is born of despair, dentists would do well to inform themselves of the fundamental laws and principles of modern economics, confusing and contradictory as they are. With enlightenment will come effort and planning to utilize savings to ride out periods of trial and investments; to share in the profits of industry and commerce to provide for retirement and old age; likewise the utilization of unproductive time to improve education and skills, practice and procedure. This way dentists may hope to bring under intelligent control existing uncertainties and, thereby, assure some degree of progress in the achievement of a better balance between working and living.

2945 Avenue T Brooklyn 29, New York

THE COVER

OUR COVER this month is dedicated to the California State Dental Society whose annual meeting is being held in San Francisco, April 28-30.

WINNER OF \$100 AWARD FEATURED IN ARGENTINE JOURNAL

BECAUSE the article THE PRESENT-DAY FEE PROBLEM by David Tabak, D.D.S., winner of the one of the \$100 Oral Hygiene awards as the best feature of the month, so clearly expressed the economic problems confronting all dentists, it was translated into Spanish by Doctor Marcelo Friedenthal of Buenos Aires and published in a recent issue of La Tribuna Odontólogica of Argentina.

In offering Doctor Tabak's article as a constructive contribution to the current discussion of dental economies in Argentina, Doctor Friedenthal pointed out that such practical articles are much needed because the dental journals of South America are devoted almost exclusively to scientific subjects, giving the impression that dentists have no problems beyond those of a technical nature,

Contributors to the ORAL HYGIENE "best article of the month" competition have won more than \$5000 in awards for their practical, down-to-earth articles and human interest stories.

We want to know how the dental scene looks from your point of view. If you or one of your colleagues has found a more efficient way to conduct a dental practice or a better way to utilize leisure, tell us the story in 1500 words and send it along. Here are the rules:

1. Emphasize the dental angle in your article.

Write your story in simple, direct, specific language without literary flourishes.

3. Your manuscript must be limited to 1500 words, typed, double-spaced, and accompanied by return postage.

Mail your story today! If you do not win a prize but your manuscript is acceptable for publication we will pay you the regular word rate. Send your manuscript to: Edward J. Ryan, D.D.S., Editor, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

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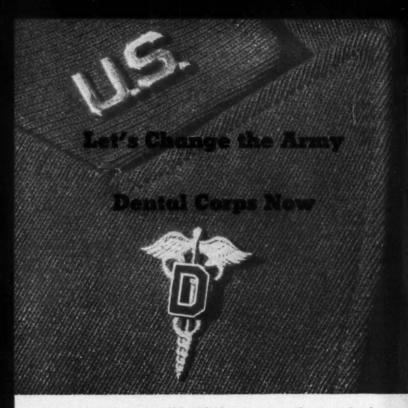
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Support A.D.A.-proposed legislation to correct the organization of the Dental Corps.

By JOHN W. LEGGETT, D.D.S.

In the recent war the Army Dental Corps never had an opportunity to perform the service of which it was capable. The need for such service was demonstrated clearly in the rejection rate of recruits when the Selective Service program was inaugurated. A drastic

reduction of dental standards was necessary in order to secure manpower. The importance of dentistry was conceded by Surgeon General Norman T. Kirk early in the war (1942) when he stated publicly that at that time 800,000 men had been made available for overseas service by dentistry alone.

Considering the circumstances under which it worked, the Dental Corps did a creditable job. Under favorable conditions the results

^{*}Former Chairman, Special Committee on Military Affairs of the American Dental Association.

would have been far more impressive.

During the war Medical Corps officers, engaged in the practice of medicine or in the administration of hospitals and medical facilities, did a praiseworthy job. The dental profession gives full credit to the accomplishments of the members of the medical profession.

But Medical Corps officers are not qualified to practice dentistry. They cannot perform the usual dental operations or plan dental treatment. They are unfamiliar with dental equipment and supplies, and do not know the rate at which they normally are expended. They are unacquainted with the requirements of a well-designed dental infirmary or laboratory.

The archaic Army system which requires that plans for dental installations, requisitions for supplies, reports, selection of enlisted personnel for dental assistants, in fact all administration of the dental service, must be approved by Medical Corps officers is an anachronism.

Weaknesses of the present setup were pointed out in Oral Hy-GIENE¹ in the summer of 1943. Resolutions asking for the appointment of a committee to investigate the situation were presented to the American Dental Association House of Delegates at Cincinnati in October, 1942. The resolutions were adopted, and a Special, Committee on Military Affairs was appointed.

This Committee, in the course of its investigation, obtained information from more than 1,000 dental officers. Its report was presented to the House of Delegates in Chicago in October, 1943, and the introduction of corrective legislation was recommended. The House of Delegates adopted the report, and the Committee on Dental Legislation accepted the mandate to proceed with legislation.

The story of the efforts to secure action in The Surgeon General's office was published in *The Journal of the American Dental Association* in August, 1946, and is most illuminating.

It was perfectly apparent that the Medical Department would do nothing to improve the situation unless forced to through the medium of corrective legislation. This course was decided upon, and a bill was introduced in the 79th Congress. It remained in committee, never reaching the floor, and died in the mad scramble of reconversion legislation in the closing days of the last session.

A new bill will be introduced in the present session. Carl O. Flagstad, Chairman of the Committee on Dental Legislation, promises a "fight to the finish." But the Committee cannot win this fight alone! What will you do to help?

You—as a member of the American Dental Association—can carry the story to your Congressman or Senator. You may be his

¹Ryan, E. J.: Rank Without Authority, ORAL HYGIENE 33:932 (July) 1943.

dentist. You may know him personally. At least you are his constituent. Will you put forth the effort to influence him to support the bill?

You—as a former Dental Corps officer, will you really work to improve the status of the Dental Corps? You are familiar with the problem. Your support carries exceptional weight. Possibly you can secure the endorsement of your Dental Society or Veteran's organization. Your support will be invaluable.

You—as a regular Army Dental Corps officer—can point out the advantages of administration of the Dental Corps by dental officers at hearings on the bill. Will you speak out freely and fearlessly in support of such a plan? The Corps and the profession will owe you a

great debt of gratitude if you will do this—and nothing would be more effective in influencing Congress.

The Special Committee on Military Affairs initiated the campaign and has carried it on since 1942. The Committee on Dental Legislation has done a tremendous amount of work in securing the opinions of Dental Corps officers and in preparing legislation. The time of decision is at hand. Proper preparations have been made—all is in readiness.

Are you interested enough, energetic enough, to carry on? If you want this corrective legislation badly enough, you can have it. It's up to you!

490 Post Street San Francisco, California

X-RAY FILM CAUSES EXPLOSION IN DENTAL OFFICE

An explosion originating in a stock of x-ray films stored in the laboratory of an Argos, Indiana, dentist's office recently caused great damage to the laboratory and dental equipment, and injuries to the dental assistant. The explosion, which blew out a window, and the fire that resulted destroyed the dentist's complete stock of porcelain teeth and films, gutted the office, and ruined chemicals and equipment.

The dental assistant suffered lacerations on both knees from flying glass and was taken to the hospital for treatment of the gashes which required several stitches.—South Bend (Indiana) Tribune.

CAN YOU USE A DOLLAR?

To every reader who contributes a newsworthy item, something unusual about a dentist, which is published in Dentists in the News (see page 638), we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



Dear Oral Hygiene

Dentists' Retirement Home

Doctor Graham's idea about a retirement home¹ is the smartest thing I have ever read in any dental publication. It deserves a lot of thought and I hope you keep after it. Such a home could be made a place so attractive that every dentist would want to live there.

Perhaps every American Dental Association member could carry a \$1,000 policy toward it. If he died before retirement the home would get the money. Premium payments could be made a part of the annual fee.

I carry the \$3,000 policy with the Association. There is a profit from it. Where does it go? Why not use it ourselves for something solid?

Because we are forced to carry heavy insurance (as we have no social security) in addition to taxes and higher living costs, I would say the average dentist remains "behind the eight ball" during his entire life. If we had a setup such as Doctor Graham suggests, it would relieve us of a large amount of worry.

It is not usually a good idea for a man to stop work altogether unless he is physically incapacitated. Perhaps a dental school could be established where those at the home who desired could instruct several hours a day. Or if the home were located near a large city a clinic could be operated where a man could spend a few hours a day. All the experience of a lifetime could be used for a good purpose.—J. R. M., Pennsylvania.

¹Graham, E. E.: A Retirement Home for Dentists, ORAL HYCIENE 37:38 (January) 1947.

A.D.A.-Sponsored Home

I read the article on a retirement home for dentists² and think it an excellent idea.

I, too, believe such a home for retired dentists and their wives or widows should be possible. The logical organization to establish it is the American Dental Association.

Dental manufacturers and supply firms should make a worthwhile contribution to a fund to finance such a home.

I hope this will find favor with a number of dentists and be the number one project for the year 1947.—D. B., New York.

Financing Retirement Home

I have read Doctor Graham's article A RETIREMENT HOME FOR DENTISTS.³ I am 100 per cent for it although I am only 49 years old and probably would not become a resident of the home. But who knows what the future holds for any of us?

Many organizations have such a home for their aged members located where the climate is ideal for older people. I am sure the American Dental Association could get all the information about these homes from established organizations.

The following are some suggestions for Doctor Graham's plan:

1. The American Dental Association should take a poll of its 66,000 members to obtain an expression of their views about such a home.

(Continued on page 654)

Ibid.



Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

EVERY CONGRESS HAS A NEW HEALTH BILL

ON FEBRUARY 10 Senator Taft of Ohio introduced a new national health bill in the Senate, S545. Unlike the Wagner-Murray-Dingell bill the Taft proposal does not provide for a national system of health insurance with compulsory contributions from employees and employers under the same general system of collection as used in Social Security. The Taft bill provides that money be supplied from general funds from the Treasury with an appropriation of \$200,000,000 annually to be used as grants-in-aid to states or local agencies. The specific dental clauses provide funds to assist the states in performing dental examinations and necessary treatments for children and worthy adults. These funds total \$8 million for the first fiscal year, \$12 million for the second year, \$16 million for the third year, and \$20 million for the fourth year. The bill also includes provisions for the establishment of a National Institute of Dental Research by appropriating \$2 million for a building and extra funds to promote research and scholarships.

Mr. Taft's bill provides for all health activities to be carried on at state and community levels. The bill is not clear on the subject of eligibility for aid. Services are to be available to all people who are "unable to pay either in whole or in part for such services." This is a big and indefinite order that may be subject to abuse, misunderstanding, and vague interpretations. Where there are no statutory provisions for benefits too much is left to the whim of administrators and help is blighted with the stigma of charity. Local supervision of the plan should be a protection against such abuses.

Some people will think that the Taft bill is less objectionable than the Wagner-Murray-Dingell bill because it is free from compulsory features and, therefore, less "socialistic." A compulsory health act provides for contributions from the recipients of the service. A system of "free care"

is hardly what a self-respecting people will accept. The philosophy of some of the provisions of the Taft bill is individualistic only to the extent that money is paid by the well-to-do to pay for the services to the poor. There is nothing enlightened in this method. It smells of the pauper's oath, the poor house, the dole, the means test, unemployment relief.

Somewhere between the compulsory features of the regimentation of the Wagner-Murray-Dingell bill and the dole clauses of the Taft proposal, there must be a middle ground where the federal government can take an important part in health activities without robbing the people of their independence of action or making them subjects of bountiful charity. One provision of the Taft bill that may have important implications is the provision that provides the following:

"Such program [health care] may also provide for the furnishing of such services to such families and individuals by means of payments (in the nature of premiums or partial premiums or reimbursement of expenses or otherwise) by the State, to any voluntary health, medical, or hospital insurance fund, or other fund, operated not for profit, in behalf of those families and individuals unable to pay the whole cost of such services or insurance therefor. Such program shall provide for the collection of proper charges of less than the total cost of such services from persons unable to pay in whole, but able to pay in part therefor."

Shorn of its legal jargon this means that voluntary group health plans may be inaugurated that can be subsidized by the federal government. It would mean that people could keep their self-respect and pay part of the bill for health care while having part paid from a voluntary group health fund. Neither a compulsory system nor a charity system will be acceptable to the American people. Mr. Taft is to be congratulated for providing in his bill for a system of voluntary action by a free people in which they pay their own way to the best of their ability. This kind of federalized health program should be acceptable to all our people. The over-all intent of the Taft proposal is excellent.

Eduard J. Ryan



OF AMERICAN DENTISTS

By HOWARD A. HARTMAN, D.D.S.

Left: Walter Scherer, as President of the A. D. A., presents the Association's Award of Merit to Percy R. Howe, Director of The Forsyth Dental Infirmary for Children.

John P. Burke, Dean of Georgetown University School of Dentistry, Washington, D. C.; Colonel William B. Caldwell (DC); and LeRoy M. Ennis, A. D. A. Trustee from the Third District, attend a banquet during the Greater New York Dental Meeting.





Checking the program at the Miami meeting of the A. D. A. House of Delegates are (left to right): Henry F. Westhoff, St. Louis; Donald W. Edwards, Lincoln, Nebraska; Virgil A. Kimmey, St. Louis; Myron E. Lusk, Minneapolis.



George Coleman, of Philadelphia, greets his friend Fred Miller, of Altoona, Pennsylvania.

Dentist and legislator, Congressman P. A. Traynor of Delaware attends the Miami meeting.

Right: Bernard Weinberger discusses dental history with R. Gordon Agnew, of China, at the Greater New York... Dental Meeting.





Technique of the Month

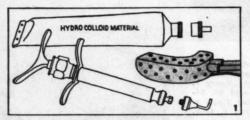
Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling

Colloidal Impression for Fixed Bridges

By CHARLES S. CUDEN, D.D.S.

(Reprinted by request)



Equipment necessary: (1) hydrocolloid in metal tube, (2) screw cap with adapter to fit metal syringe, (3) metal syringe, (4) needle, 21 gauge, (5) water-cooled tray.



Prepare cavities in the usual manner.



Place modeling compound in tray, anterior and posterior to teeth prepared for bridge. The compound, fitting over teeth not involved in the bridge, serves as a stop for impression.



Trim compound so that no compound comes in contact with bridge abutments.



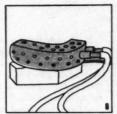
Heat metal syringe and metal tube containing hydrocolloid to the same temperature. Screw adapter onto hydrocolloid tube. Hold exit end of syringe on adapter and squeeze material into syringe.



Fill water-cooled tray with hydrocolloid.



Colloid should flow like "spaghetti." Fill one cavity completely, cover tooth, and continue across gingival tissue in continuous flow to other cavity and cover that tooth.



Insert tray previously filled with hydrocolloid, and



Pour model.



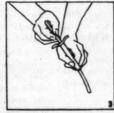
The following drawings illustrate a technique for using hydrocolloids not packed in metal tubes.



Put material in colloidal gun. Heat in usual manner. Do not pump the gun as this produces bubbles.



Remove plunger and cap from top of metal syringe. Hold finger on exit end of syringe, and push hydrocolloid from colloidal gun into metal syringe which has previously been warmed.



Chill metal syringe barrel in ice water. With small instrument or stick, force hydrocolloid through exit end of syringe forming a cartridge.



Store cartridges in glass humidor with tight cover for future use. Proceed with technique as shown above.

DEAR ORAL HYGIENE

(Continued from page 647)

2. If each member would subscribe \$10 to finance a retirement home. \$660,000 would be assured. I believe each could give \$50, a total of \$3,300,-000; or \$100, a total of \$6,600,000. Dental manufacturers and supply companies could give substantial amounts.

3. A hotel should be built for A. D. A. members who would like to spend a month or two in a warm climate at reasonable rates. This would also include the dental trade who would participate not only in the construction but also in the maintenance of the home.

4. The American Dental Association could assess each member \$1 or \$2 a year toward upkeep.

I hope you receive 66,000 letters in favor of your plan and that you turn them over to the A. D. A. trustees for immediate action.-J. A. P., Pennsylvania.

Other Retirement Homes

I should like to make some comment with regard to the article A RETIREMENT HOME FOR DENTISTS,4 by Doctor Graham, and the editorial5 pertaining to the same subject. Both deserve great credit for stimulating organized dentistry's action along these lines.

I am a member of The Workmen's Circle, a nationwide fraternal organization having about twelve million dollars in the treasury, which owns free and unencumbered a sanitarium (worth about one million dollars) in New York State: and supports a sanitarium in Colorado, and homes and hospitals elsewhere in the United States and Canada.

The Workmen's Circle, which has been in existence for about forty years. also issues insurance policies to its members, and has been complimented by the New York State Department of Banking and Insurance for its businesslike management.

The Workmen's Circle has found by experience that it is not wise "to put all one's eggs in one basket." It is the only fraternal organization, to my knowledge, which supports members attaining the age of 65 and having no other means of support. But, and here is the important point, the member goes to any home of his own choosing in the United States or Canada, and the organization pays for it.

I believe The Workmen's Circle has the best plan for a home. The American Dental Association should investigate this plan before going ahead with plans for a retirement home for dentists.

It seems to me that most dentists getting on in years would like to be near their loved ones; therefore, one (centralized) home in the United States would be undesirable. An alternative would be to have regional homes, clubs, or hotels, situated in a dozen strategic parts of the country, and partly or wholly supported by admitting outsiders; preferably members of the other health professions .- P. N., New Jersey.

⁵Editorial: Support a Retirement Home for Dentists, ORAL HYCIENE 37:70 (January) 1947.

DATES SET FOR NEW JERSEY DENTAL BOARD EXAMINATIONS

THE NEW JERSEY State Dental Board will hold its next examinations commencing on June 9, 1947, and continuing for five days.



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Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Missing Incisors

Q.—I am enclosing roentgenograms for a patient, an 8-year-old girl, whose teeth are normal except for the lower centrals. Would you bring the laterals together and let the other teeth erupt one space forward, or put a space retainer in until such a time as I could place a bridge? I like the first suggestion personally. What is your opinion?

Is there any way to combat the serious abrasions we see on labial and buccal surfaces of some teeth? I have a patient who has developed severe abrasions on the upper left central, lower left cuspid, and first bicuspid. She is careful as to oral hygiene, and there is no malocclusion which I can detect.

I have been helped many times by your department in ORAL HYGIENE and wish to thank you.—W. L. N., Iowa.

A.—I have consulted an orthodontist about the problem of the 8-year-old girl. He feels that with only one lower incisor missing your first suggestion might be satisfactory; but with two missing, letting the space close is almost certain to result in an objectionable abnormal overbite. He, therefore, thinks it advisable to maintain the space until the teeth can be supplied safely with a bridge.

It would seem to me, however, that the facial contour of the individual might reasonably have a bearing on your decision. Some people do not seem to be disfigured with a marked overbite or overjet.

If you will check carefully the

tooth-brushing habits of your patient with the abrasions of the tooth surfaces, you will probably find that she is right-handed and that she brushes vigorously with a cross stroke with special emphasis on the cuspid and bicuspid area above and below. Restore the normal tooth contours and teach this patient to change her brushing technique.—V. CLYDE SMEDLEY.

Mucous Membrane Condition

Q.—Today I had a patient, a young ex-soldier, who had noticed recently a peculiar condition inside his lower lip on both sides. One of the local physicians had painted it several times with gentian violet. Opposite the cuspids the mucous surface is slightly thickened, and when palpated is somewhat knotty. There are what appear to be varicose nodules, some harder than the surrounding tissues, which are movable and slip away readily from pressure.

The sublingual ligament seems to have two or three nodules also up close to the surface of the tongue. There is no swelling, pain, discoloration, or tenderness. The teeth are in a healthy condition.

I shall appreciate whatever information you may have to offer about this condition.—F. S. W., Kansas.

A.—We are getting reports of various unusual conditions of the mucous membrane of the mouth from ex-service dentists, seen while overseas, more especially in the Southwest Pacific. We are also seeing some cases of such conditions

- 461. Taking an impression with MUCO-SEAL does not automatically make the resulting case a MUCO-SEAL denture—many end up as routine cases due to not applying or misapplying the principles involved.
- 462. Minimum pressure—full extent of ridge only—sublingual extension retromolar triangles and undercuts—all detail smoothed out—symmetry—stable denture base—acrylic teeth—are all equally important.
- 463. Adjustments to a properly designed MUCO-SEAL case.
 - a) Denture rises during normal mouth opening.

Answer: Trim back buccal area.

b) Denture rises when wetting lips.

Answer: Trim up on mylo-hyoid area. (Do not cut away undercut of pad on sublingual extension.)

c) Denture does not rise but patient cannot wet lips.

Answer: Trim upward on sublingual area.

d) Patient complains of sore throat.

Answer: Shorten lingual of pad from posterior.

e) Extra-oral swelling (rare).

Answer: Trim upward on sublingual area.

NOTE: Do not extend sublingual area downward into floor of mouth.

Extend it backward 1/4". If irritation occurs trim upward, not forward

JUSTI

Products for Better Dentistry

in this country, but not necessarily in the mouths of veterans.

Herpes can affect the mouth membranes, and the appearance is something the same as you describe. Such a condition may be of unknown origin or it may result from an allergy to certain foods or dentifrices. It certainly would be wise in your case to get a history of the onset of the condition, whether it occurred while in Service and where, and to try to determine if it is an allergic manifestation.—George R. Warner.

Resorption of Ridge

Q.—I have a patient who has a full upper acrylic denture and the eight anterior lower teeth. No lower partial denture has been worn because of the impossible condition of the lower posterior ridge. The patient has been striking the anterior teeth of the upper denture with the lower anteriors until a flabby ridge has formed from cuspid to cuspid.

The tissue in the palate is shallow and there is a bony prominence in the center of the palate which is broad and about 2 mm. high. The palate is moderately moist. The denture stays in position during mastication. However, at rest or in talking, according to the patient, saliva seems to seep under the anterior right periphery, and this seeping action disturbs the patient. Then the denture drops.

To correct this "seeping," the patient places surgical tape along the periphery. This seems to correct the condition until a few hours later when the mouth becomes sore from the tape.

The periphery has been relined and extended within reason. More relining will not help.

I cannot understand the perfect satisfaction during mastication and complete dissatisfaction at rest. What do you think about the case?—J. H. S., California.

A.—This is the worst denture situation possible. It is difficult to understand how such a patient can get any use or satisfaction whatever out of such a denture.

I should be interested to see this mouth to know what you describe as "the impossible condition of the lower posterior ridge." I have never seen a case that I thought could not be fitted with a partial denture if the anteriors were good enough to be retained; though sometimes we do resort to surgery to improve a bad ridge condition.

In my judgment the only way to increase this patient's comfort and prevent a rapid, continuing resorption of the upper anterior ridge would be to do whatever may be necessary to fit a lower partial denture that she can wear. This should be made to occlude with a new upper denture with the posterior teeth carrying most of the stress of matication.—V. CLYDE SMEDLEY.

Gingival Hypertrophy

Q.—I have a patient, a young woman 22 years old. When she first came to me her gingivae were thick and grown up almost over her teeth. She said they had been this way for about five years. They were so thick she could hardly eat. She had been to a number of dentists and none would do anything. One suggested trimming the gingivae but refused to do it for her. All her third molars have been extracted.

I trimmed the gingivae on both sides above and below, and when they were healed removed all calculus and polished her teeth. The bone structure around her teeth seems to be heavy. I had her use a mouthwash of diluted peroxide.

I saw her again yesterday and the gingivae seem to be growing back over her teeth. She uses a mouthwash daily.

Could you tell me what causes this and what I could do about it?—W. H.

and what I could do about it?—W. H. S., Illinois.

A.—The condition of the gingivae in the case of your patient

In prophylaxis and treatment of anaerobic mouth infections, 'VINCE' is a pleasant means of delivering oxygen to the tissues. To use 3-in-1 'VINCE' as a powder: sprinkle on toothbrush a paste: mix with a little water a mouthwash: dissolve in water STAND AND LABORATORIES, INC. NEW YORK ST. LOUIS

UM

makes me think at once of dilantin sodium hypertrophy. If it is not this, I should suspect that it is one of those cases with a persistent tendeny to gingival hypertrophy. Your original treatment was right, but I am afraid the young woman was led to depend on the hydrogen dioxide rather than on the vigorous use of the toothbrush to keep the hypertrophy under control.

It would be my advice now to

discontinue the use of any type of mouthwash and have her massage the gingivae thoroughly with a stiff brush for at least five minutes daily. She will have to be careful at first to avoid bruising the tissues. If six months of this treatment fails to halt the increasing hypertrophy, I would do another gingivectomy followed by the massage treatment.—George R. Warner.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

Answers to Quiz XXXI

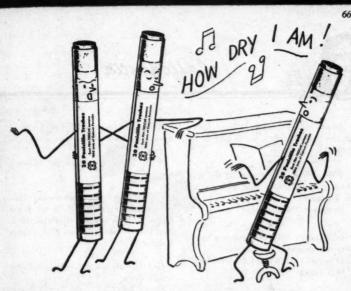
(See page 637 for questions)

- 1. (a) dental treatment of old people.
- (b) the external oblique ridge. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, Lea & Febiger, 7th Edition, 1942, page 154)

Yes. (Hill, T. J.: Oral Pathology, Lea & Febiger, 3rd Edition, 1945, page 302)

- Overloading, (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, Lea & Febiger, 7th Edition, 1942, page 704)
- (c) 20.4 per cent. (Brauer, J. C.: Dentistry's Obligation to Society—Has It Been Met with Reference to Pedodontics? J. Den. Children 11:99-102 [4th Quart.] 1944)
- 6. Boric acid. (Accepted Dental Remedies, 11th Edition, Amer-

- ican Dental Association, 1945, page 20)
- (a) excessive grinding of the teeth. (Hill, T. J.: Oral Pathology, Lea & Febiger, 3rd Edition, 1945, page 124)
- 8. True. (Thomas, B. O. A.: "Gerodontology": The Study of Changes in Oral Tissues Associated with Aging, J.A.D.A. 33:207 [February] 1946)
- (b) oral bacterial considerations. (Hill, T. J.: Oral Pathology, Lea & Febiger, 3rd Edition, 1945, page 172)
- Aids amalgamation, reduces expansion, and retards the setting of amalgam. (Hartnett, J. G.: Silver Amalgam: Its Properties and Manipulation, J. Den. Children 12:54-56 [3rd Quart.] 1945)



PEN-TROCHES CUTTER strike the high note in penicillin stability—for better control of oral infections!

To keep penicillin stable, you have to keep it dry!

That's why no water is used in massing Pen-Troches Cutter.

And why Pen-Troches are available only in sealed, moisture-proof vials, never in bulk-as even atmospheric moisture is "poison" to penicillin stability.

Slow-dissolving, Pen-Troches maintain a high penicillin level in the saliva. Each troche should last a full two bours-with no aromatic flavoring to provoke "tonguing and chewing.

A specific in treating Vincent's, and useful in the treatment of any penicillin-sensitive infections that the saliva can reach.

Prescription: Assure your patients a fully potent product by specifying Pen-Troches Cutter in the original moisture-proof vial. The single-prescription vial contains 20 Pen-Troches, each supplying 1000 units of penicillin. Dosage of one tablet every two hours is adequate.

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UM



Laffodontia

Advice to the lovelorn: Never marry on the Sabbath, it's a sin to gamble on Sunday.

*

Wife: "Wasn't it disgusting the way those men stared at that girl getting on the train?"

Husband: "What train?"

*

Old Timer: "My father was a great Western politician in his day."

Friend: "Yes? What did he run for?"
Old Timer: "The border."

*

Dad to Son: "It's none of your business how I first met your mother, but I can tell you one thing, it certainly cured me of whistling."

*

Man: "There's a fellow who's going places."

Friend: "Ambitious?"

Man: "No, his wife is out of town."

*

Doctor: "The best thing you can do is to give up women."

Patient: "What's the next best thing, Doc?"

*

Soldier: "May I hold your hand?" Sweet Young Thing: "It isn't very heavy. I can manage, thank you."

*

"Do you work in a shirt factory?"
"Yes."

"Why aren't you working today?"
"We're making night-shirts this

week."

Bill: "It says here that laughing hyenas eat once a week and mate once a year."

Will: "What have they got to laugh about?"

*

Indian Chieftain (introducing himself to paleface visitor): "I am Brave Eagle. This is my son Fighting Bird. And here is my grandson, Four-Engine Bomber."

*

He: "I only go out with girls who wear glasses."

She: "Why?"

He: "I breathe on them, and they can't see what I am doing."

*

Detective: "You're looking for your cashier? Is he tall or short?"

Banker: "Both."

n.

If you think our jokes are poor, You'd quickly change your views, If you'd compare the jokes we print With those we could not use.

+

A Brussels theatre has found a means of making ladies remove their hats. Before the performance a strip appears on the screen curtain. "The Management wishes to spare elderly ladies inconvenience. They are requested to retain their hats." There follows a general stampede to remove hats.

Parlor Magician: "Watch my hands closely, now."

Girl Friend: "Don't worry big boy, I've been watching them all evening."



"MY PET PATIENT," reports Dr. E. H. B., "is a gulper. Before she opens her mouth, she takes several deep swallows—then holds her breath as though under water all during her treatment!"

"My pet dentifrice," many dentists say, "is Detoxol, which contains sodium ricinoleate to peptize adherent mucin and make it more readily removable with a brush." Full-size

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Use the mouth wash that patients like and that meets every professional requirement. Add to this its economy of use . . . and you'll see why this mouth wash is so popular with the busiest practitioners.

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Long-time favorite, because a simple routine procedure delivers gratifying results. Z-R-E Cement has sedative, analgesic and insulating qualities. It protects, and with a copper disk, caps the pulp. Controls simple and severe odontalgia cases. Supplementary uses are for dry sockets, hemorrhage, hypersensitive dentin and as a gingival postoperative pack.



PACKAGE CONTENTS

- . Bottle Z-R-E Coment Powder
- . Bottle Z-R-E Cement Liquid
- · Bottle Solvent and Cleaner
- Capsule 1/16" Copper Disks

- Capsule 1/8" Copper Disks
- Capsule 3/16" Copper Disks
- Bettle Cavity Lining
- Glass Mixing Slah



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- A The Family Trait Recorder
- B. Wax adapted to instrument
- c Taking Labial impression
- D. Impression cooled and dried
- E Mold poured in plaster
- F Model is trimmed
- G: Duplication of recorded set up in Five-Phase or Anthrotomic Anteriors
- H. In the patient's mouth

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... to facilitate the scientific selection of teeth... to model the most probable pattern for the arrangement of teeth in the denture! This special instrument records dominant "family traits" in a three dimensional model to guide the design of "individualized" dentures.



"Recorder" models are of inestimable value to Dentists and their Technicians. Through their use, guesswork is eliminated, esthetics may be personalized!

RESEARCH HAS SHOWN

CONCLUSIVELY

THAT THE

"FAMILY"

SIMILARITY

OF TEETH

PERSISTS

THROUGH

GENERATIONS

AND

IS GOVERNED

BY THE

LAWS

OF

HEREDITY



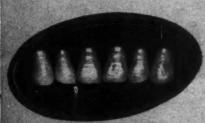
The family similarity of teeth has long been known although the application of this phenomenon in Prosthetic Dentistry is comparatively recent. In each edentulous case, the dentition of a brother, sister, child or grandchild presents a living record of the probable "family" pattern of inherited labial characteristics.

Here then, is thoroughly scientific guidance in the selection and arrangement of teeth for the design of "personalized" dentures!

Five-Phase Anteriors alone, possess the "living" individuality of natural teeth ... thus providing the only means by which all the lifelike characteristics of the patients' teeth are available for reproduction in the artificial denture.



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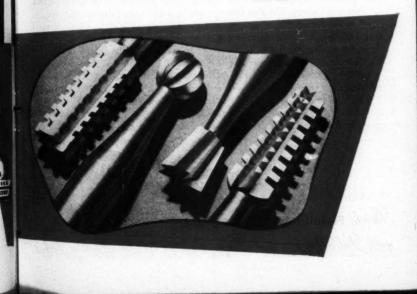
IN MACHINING ..

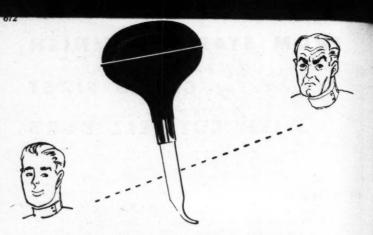
Precision cutters produce scientifically-angled blades of uniform height; a final smoothing cut assures keener edges and debris-shedding surfaces.

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Electrically controlled temperature, and automatic splitsecond timing of immersion in heating and quenching baths, produce exactly the right temper for each type and size of bur.

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Which dentist uses the Powdalator for Penicillin-Sulfonamide therapy?

There is now a quicker, better and easier way to use Penicillin and Sulfonamide Powder in the treatment and prevention of post-extraction infection. It is provided by the Powdalator, a radically new device developed by Abbott. This convenient method of local application eliminates much of the bother and delay formerly associated with the old tablet form of therapy. The Powdalator produces a high concentration of these effective agents without causing side reactions resulting from attempts to secure high systemic concentrations. • A simple procedure prepares the unit for application. Then, by directing the tube toward the wound or extraction site and squeezing the rubber bulb with the thumb, an effective deposit of the powder results. The Powdalator package includes 20 sealed sterile tubes, each containing Penicillin Calcium 1000 units, Sulfathiazole 0.125 Gm., and Sulfanilamide 0.125 Gm., with a special insufflator bulb.

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ABBOTT LABORATORIES, North Chicago, Illinois



Sterile Penicillin-Sulfonamide Powder with Sulfathiazole and Sulfanilamide in Insufflator Tubes



OUTSIDE APPEARANCE IS IMPORTANT, BUT— YOUR REAL VALUE IS INSIDE!

ALLISON Cabinets are built to perfection both inside and out. The external quality is readily apparent, but look inside an ALLISON Cabinet and see how all 20 drawers operate smoothly and quietly on BALL BEARINGS! Combining steel dust covers, drawer guides, and ball bearings in one compact unit makes a neat appearance; but more important it insures the drawer against jamming or sticking.

Do yourself a favor, Doctor, and ...



SEE ALLISON BEFORE YOU BUY

Write for literature

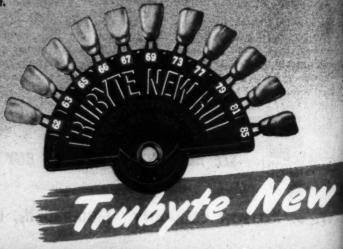
W. D. ALLISON COMPANY Indianapolis, Ind.

FORM + SIZE + SHADE - Living + ARRANGEMENT = Living

BEFORE

This patient has worn dentures for years. Note how displeasing a result was produced in the first set of dentures by the improper selection and arrangement of anterior teeth. Then note the entirely different result that followed the selection and arrangement of the TRUBYTE NEW HUE TEETH best suited to the patient.





Teeth

UNI



A FORM FOR EVERY FACE—The 71 Trubyte New Hue Moulds are designed and classified for harmony of face and tooth form.

A SIZE FOR EVERY CASE—Patented, precision methods of moulding produce standardized sizes for each Trubyte New Hue Form.

A SHADE FOR EVERY COMPLEXION—You can match the natural teeth of patients of all ages and complexions with the 11 Trubyte New Hue Shades.

AN ARRANGEMENT FOR EVERY ESTHETIC AND MECHANICAL CONDITION—Porcelain mesial and distal contours make it possible to position Trubyte New Hue Teeth for the best esthetic and functional resulfs.

Hue

THE DENTISTS' SUPPLY COMPANY OF NEW YORK



accurate, detailed full denture impressions. And it's so simple and quick to use! Order a box from your dealer. If not completely satisfied, return it for full credit.

LABORATORIES, INC. CHICAGO 21 ILLINOIS Controlled lip action, without collapse of cup



PRECISION BUILT DENTICATOR ANGLE HANDPIECE

for exclusive use of

DENTICATOR RIBBED POLISHER

Cross section view reveals the four reinforcing ribs, which control lip action, without collapse of cup—an exclusive feature. Action picture above shows how lip does its work under the gum line.





Ask your dealer for special combination offers on Denticator Angle Handpiece with supply of polishers. Saves you money.

24-hour handpiece repair service

THE DENTICATOR CO.

1055 Mission St., San Francisco 1, Calif.

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Amalgam Condensers and Burnishers

Designed so as to reach every portion of all cavities without difficulty. The working surfaces are smooth and not serrated. Handles are hollow to render proper balance.

Nos. 1 and 3 are round flatfaced condensers from 1 to 2.5 mm,

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No. 6—Small burnisher. One end is 0.5 mm.; the other 1 mm. in diameter.

No. 7—Cone-shaped burnisher. One end sharply pointed; the other, a non-cutting point, is for carving, smoothing the sulci and fissures.

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Made of Immunity Steel

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Free Supply on request WERNET DENTAL MFG. CO., INC.

47D



DUAL CONTROL means reassurance for the novice pilot—and less risk of accidents.

Patients, too, appreciate the value of a dual control of their new dentures...the natural control "built in" by a perfect fit—plus the extra reassurance and protection from "accidents" provided by Wernet's Powder during the awkward period of developing proficiency.

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Sanitize
your handpiece
Quickly
in 1 operation

Clean and Iubricate at the same time ... used after each patient, provides you with a clean, well lubricated, sanitized handpiece, in just one minute. A dependable product for 23 years, now better, at lower cost.

New instruments deserve this care

16 oz. ECONOMY BOTTLE

\$450

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Crescent Polishers

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- · Assures Safety for Patient
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Sterile instruments at the Critical Moment of Use!

During the in-between period—the period between boiler or autoclave sterilization and the time of use—instruments, mirrors, etc., are frequenty exposed to air-borne bacteria and other contamination. The Sanilite Ultraviolet Germicidal Cabinet completes the chain of asepsis from your sterilizer to the patient's mouth. It provides a convenient method of insuring a sterile environment for instruments, mirrors and other materials at the critical period of use. The Sanilite is an effective, safe-guarding adjunct to your boiler or autoclave sterilizer.

Germicidal ultraviolet, which is used in the Sanilite cabinet, has been demonstrated to be unusually effective in killing bacteria and mold spores either air-borne or made accessible through other contamination. Give your patients the protection of this point-of-use instrument sterility. Provide your practice with this insurance.

The Cabinet...

Made of stainless steel. Transparent top. 12" long, 5%" high, 7" deep. Ample area for instruments. Convenient for placing on cabinet.

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625 BLACK AVENUE . SPRINGFIELD, ILLINOIS

3 TYPES OF TEETH IN THE SAME MOULDS

a NEW system of tooth selection

based on truly scientific principles

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AME SHADES, SAME QUALITY

A MYERSON TOOTH FOR EVERY AGE GROUP

True-Blend — for the forty-plus patients who desire natural-looking restorations and often, too, for younger more rugged-looking patients.

Characterised — strongly indicated for those who have recently had a number of fillings in their anterior teeth.

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Remember, only with this simple, scientific system can you select a mould and shade for your patient and have that mould and shade in any one of these three lines, individualized according to your patient's requirements.

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PATIENT A — Forty Plus
. . . Maturing effects —
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"Controlled" lipaction, under free margin of gums, without injury.



Snaps on protective mandrel, Saves your regulation handpiece from



Patented heavy rib construction prevents collapse of cup, so that lip works effectively under the free margin of gums, without injury. (See Cut.) Only the Denticator Polisher gives you this exclusive feature. Order an economical package from your dealer, today. You'll experience a new thrill in cleaning and polishing teethquickly, safely, efficiently.

START TODAY-THE DENTICATOR WAY

Write us direct for free sample unit: cup and mandrel.

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MAINTAINS ACCURATE CONTROL AUTOMATICALLY

Easy to operate for:

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Never before has this large-furnace automatic control available in a laboratory furnace. Annealing It's startling! It's unequalled!

Wax Elimination Any desired temperature in the furnace range can be set and automatically maintained with accuracy. I.D. 4¼" x 3½" x 4½". 115 A.C. operation. Heat range 325° to 1600° F. Ask for catalog on larger furnaces.



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Discriminating dentists no longer wonder; "Who makes the best diamond instruments?". They simply standardize on Diamond "R" Instruments...the guarantee is broader with no time limit, plus a REPLACEMENT PLAN for worn instruments which you'll agree is the answer to true economy in the use of diamond instruments.

The coupon will bring you and a FREE sample of

full details, a catalogue DIAMOND (*) AG€NCI€S INSTRUMENT CLEANER, 132 West Union St., Pasadena 1, Calif

VETERANS

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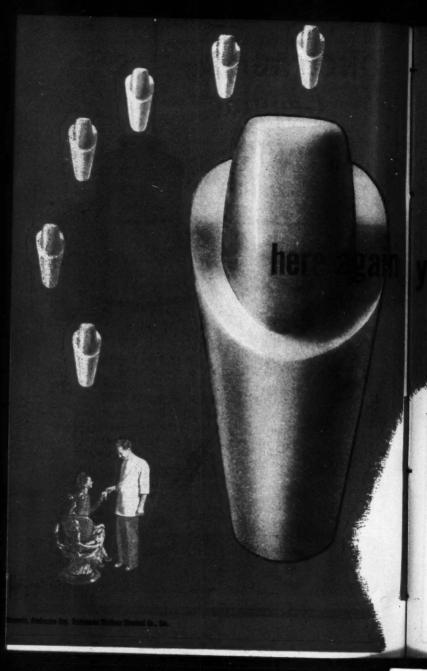
ONCE AGAINGenuine Italian Pumice BUFFALO ROUGH ROUGH

Buffalo Flour of pumice, the original pumice flour for prophylaxis purposes, is now being made from Italian pumice—the finest obtainable prophylaxis abrasive. It breaks down evenly under light pressure, each new particle presenting fresh cutting edges. This makes cleaning faster and easier.

Be sure you get the *genuine* Italian product. Insist on Buffalo Flour of Pumice. The price is still the same, 25 cents for a generous sized can. Now available from your dealer.

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have a more vital bearing on the ultimate success of a restoration and nowhere is truly adequate anesthesia more essential to just that.

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Keep the mouth and throat thoroughly clean



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We can still supply new cuspidor waste and supply tub-ing. Send us your old connections. We will attach new tubing. Prompt, guar-anteed service. EQUIPMENT

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Radiographs everytime with a

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Prices on STARLITE Diamond Instruments are now down...to the lowest point on record.

Thanks to your year-to-year increase in the use of these great instruments, we have been able to develop and fully utilize more efficient, cost-saving equipment; hence step up production and reduce fixed charges. These substantial savings we now pass along to you.

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And thanks to these new prices, STARLITE Diamond Instruments are now within reach of every dentist, thus enabling him to have a more complete selection for wider application in operative procedures.

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First to pioneer American-made diamond instruments, we were also first to build a sound educational program around their use, We invested large sums in technique literature, developed motion pictures to show application of approved techniques, and conducted practical clinics throughout the country.

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HIGH QUALITY-LOW PRICE

We have enjoyed leadership by scrupulously maintaining the standard of excellence for which STARLITE Diamond Instruments have always been known. This standard of excellence will be maintained at these greatly reduced prices.

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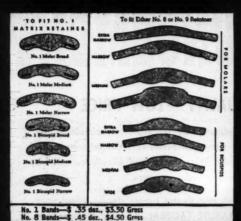
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MANUFACTURING COMPANY, INC.

58TH & MARKET STREETS . PHILA. 39, PA.



STAINLESS STEEL MATRIX BANDS



The difference in between steel and STAINLESS steel matrix bands is so

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Made to fit No. 1 8, or 9 Retainers They are stronger tougher, cleaner smoother, accur ately machined

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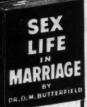
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One of a Series of Pepsodent Messages to the Public



Pepsodent has urged regular professional attention for children's teeth in more than 80,000,000 advertising messages

The importance of fillings in children's teeth has been the subject of educational panels in more than 80 million Pepsodent newspaper advertisements. These advertisements stress that neglected cavities are a menace to anyone's teeth... but that children, especially, should be taken to the dentist regularly, so that trouble can be detected early.

These messages are part of a continuous program informing the public of modern dental accomplishments. Pepsodent conducts this campaign in the conviction that its own progress is closely linked with the dental welfare of the nation.

"See your dentist twice a year" is the slogan originated by Pepsodent and featured in its advertising for 18 years.

Repsodent DIVISION OF LEVER BROTHERS COMPANY

PEPSODENT TOOTH PASTE • PEPSODENT TOOTH POWDER
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Products of Lever Brothers Company





SILV-O-DENT*

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GERMICIDAL BASE

FOR ANY FILLING

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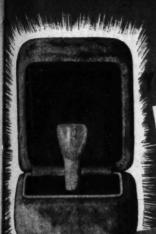
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\$3.00 Attractively mounte in a velvet-lined jewel case.

It will give you a convincing means of demonstrating what a jacket if will give you a convincing means or demonstrating what a jacker crown is; how naturally it restores a natural tooth; and why it is the

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Send me your Sample Jacket Crown in Velvet-Lined Jewel Case in

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THE REGENT CABINET STERILIZER

Designed for Dentists PROMETHEUS

DOPULAR priced model. Complete sterilizing facilities. Modern in defor toe room. Finished in porcelain enamel in all standard colors, 16" by Special features include cast trol, switch and pilot light, silentclosing, dust tight metal door, and convenient foot-lift for raising cover

Available supply limited by wer conditions.

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MILLER'S **ELECTRIC HANDPIECE**

FOR BETTER PROSTHETIC DENTISTRY Save your handpiece for oral work

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Ask for prices of other sizes.
Also "Waiting Room" and other signs,
Also "Waiting Room" and other signs,

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To Protect

COSTLY INSTRUMENTS

FREQUENTLY, in office practice, instruments are not removed immediately from the sterilizer, are sometimes left in the water for a long time with the result that they will tarnish and discolor.

Here is a simple, inexpensive way to protect your valuable instruments against tarnish, rust and discoloration. To each quart of water used in the sterilizer just add two teaspoonfuls of Arm & Hammer, or Cow Brand Soda. You may then leave them for many hours, even overnight, and they can be wiped clean and bright upon removal.

There are so many uses for these dependable products that it is advisable to keep supply of our Soda on hand. Both brands are pure Sodium Bicarbonate. U. S. P. XII. Both are among the dentifrices acceptable to the Council on Dental Therapeutics of The American Dental Association.

One brand or the other is available in your community. The cost is only a few cents a package.

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Simple Quick
Dependable Re

IN DAILY USE BY THOUSANDS OF DENTISTS COAST TO COAST

Contains No Solvent

The only Acrylic Liner in Sheet Form, Fink Liner contains no solvent. Will not warp plate. Non-Toxic. Non-Burning. Tasteless. Odorless. Becomes integral part of denture. Permanent Shelf Life. Easy as 1-2-3. Requires no cellophane. No mixing. No processing. Delicate transparent pink hardens in mouth to clear transparent film—blends with any color denture. Satisfaction guaranteed.

TRY FINK LINER AT OUR RISK

with the privilege of returning unused portion for full refund if not satisfied. Enough Fink Liner to line over 30 dentures this new, handier, more economical way, only

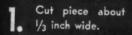
2800

LINER



SHEET FORM

PATENTED







Remove wrapper



Place on denture. Insert in mouth, Dismiss patient.



PLASTODENT, Inc., 1310 Jerome Ave., N. Y.

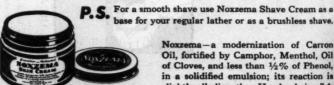


TO DENTISTS ... so busy they wish they were triplets!

Today you are working harder than ever bringing relief to hundreds. But is that any reason to neglect your own comfort? Aren't your hands frequently rough and raw from constant washing? Don't your feet often burn after hours of standing without relief?

Then Noxzema is MADE FOR YOU! It's medicated, to help heal skin irritations ... leave your feet restfully cool. It's greaseless and stainless. too ... quick, convenient to use.

Noxzema Skin Cream provides great comfort to thousands in your profession. See for yourself how much Noxzema can do for you.



Noxzema-a modernization of Carron Oil, fortified by Camphor, Menthol, Oil of Cloves, and less than 1/2% of Phenol, in a solidified emulsion; its reaction is slightly alkaline, the pH value being 7.4.

"Is that all, Doctor?"

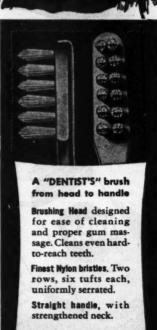


• When a patient gets up from the chair, too often he says, "Well, that's that"—and thinks he can forget about his teeth now. You know, however, that he must supplement your skillful work with daily care on his own part. The Tek Professional tooth brush is designed to help him do this. As shown in the picture on the right, Tek is made to exacting professional requirements.

TEK CORPORATION NEWARK, N. J.

Tek

Professional TOOTH BRUSH





TAKE YOUR SNAP IMPRESSIONS
IN LEE SMITH
CERTIFIED IMPRESSION COMPOUND





Dentistry, like golf, depends considerably on "follow through" for perfection. In denture processing, for instance, the best snap impression that can be taken is only the beginning of a perfect-fitting denture. The original impression needs refinement through the use of a corrective. It needs KREX. Krex is easy to use, provides an accurate impression of tissue irregularities, eliminates impression faults before the denture is processed.

Granted, you can make a denture without the use of an impression corrective. You can also go around the golf course without once "following through" on a hit—but your reputation as a golfer won't be worth much when you finish.

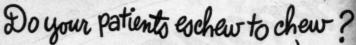
Professional reputation is at stake, too, every time you process a denture. Play it safe by using Krex, either in the snap impression or the final try-in.

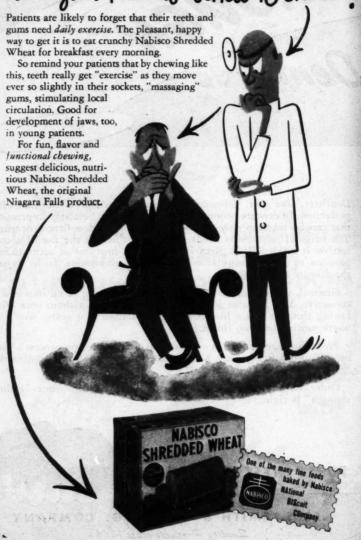
Order Krex from your dealer today and be sure your "follow through" is right.

FOR PERFECT-FITTING D



LES S. SMITH & SON MIG. COMPANY





MINIMAX ALLOY

On the Island of Martinique, majestic in towering beauty stands Mont Pelee, a splendid awe-inspiring sight. BUT in 1902, Pelee burst into violent eruption. Rained death and destruction upon trusting thousands. Shot forth a geyser of molten rock, laid waste a quiet city, discharged deadly vapors which few survived. All caused by the INVISIBLE changes in physical features deep beneath the surface...

In amalgam also, it is the "invisible" that causes the damage. If you could only see the changes in the properties of most amalgams due to variations in manipulation you would use Minimax Alloy exclusively.

For Minimax Alloy No. 178 is so fabricated that it resists changes — so that AFTER YOU mix it, it STILL complies with all alloy specifications. It makes fillings that have beauty, hold their lustre, AND stand up long and satisfactorily.

THE MINIMAX COMPANY . 185 N. Wabash Ave. . Chicago 1, III

For best results, mortars and pestles should be occasionally resurfaced. Over long periods, they wear smooth . . . become inefficient. As a convenience, Minimax provides FREE with every bottle a handy envelope of Abrasive Resurfacing Powder. In 5 oz. BOTTLES 5 ozs...\$2.10 per oz.

10 ozs... 2.00 per oz. 20 ozs... 1.95 per oz.

In 1 oz. BOTTLES.

1 oz. ..\$2.20

5 ozs... 2.15 per oz. 10 ozs... 2.05 per oz.

Prices subject to change without notice

Complies with A.D.A. Specifications No. 1 Filings suitable for alloy-mercury gauges.



Lee Smith GLUCAINE

For Profound Anesthesia with

Minimum Patient Reaction

Lee S. Smith & Son Mfg. Co. Pittsburgh 8, Pa.

This ad wasn't meant to be read

The picture tells the story... makes the moral obvious:

Youngsters (and oldsters, too!) started on Kolynos, are simultaneously started on conscientious, consistent care of the teeth. That's because Kolynos assures safe, dependably efficient cleansing... and because its flavor is so wholesome, so refreshing that daily sessions with the tooth brush become a pleasant, not-to-be-forgotten routine.

Why not make this fine dentifrice your regular recom-

mendation?



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The Cleanser Prepared Exclusively for PROFESSIONAL USE!

USE IT WITH

ORACLENZ

Conquient

Mouth Rinse



Exacting standards required by the dental profession are fully met by the Sterodent Cleanser formula. It is fast, efficient.

dependable. Holds brush without spattering or flying.

Order Today from Your Dealer Cleans and polishes in one operation. Saves time for you and your assistant.

ORACLENZ strips teeth of mucine with a pleasant, quick

mouth rinse, prior to the application of Sterodent Cleanser.

STERILE PRODUCTS CO. SAN DIEGO 1, CALIFORNIA





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A Pure White Asse tic Coating for Impression Trays.

It Does Not Matter how old or dirty your tray is—"DIP" will make it clean, white and sterile Enough to coat 400 trays \$4.00 We Will Send Direct or Through Your Dealer WESTERN METAL CO., BLOOMINGTON, ILL.



Young Dental Mig. Co., St. Louis 8, Mo. Gentlemen: Without any obligation send us one of your B S POLISHERS — ABSOLUTELY FREE.

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Every step in the production of PROCO-SOL is subjected to rigid sterility controls. This meticulous procedure begins with triple distillation of the water used and ends with steam sterilization of cartridges and stoppers. All mixing and filling equipment is likewise steam sterilized, and bacteriological sterility tests are taken on every batch. Each cartridge is inspected, and every box shows inspection control numbers.

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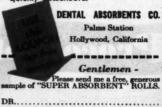
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Your good work can be followed by good advice. For firm, yet gentle cushioning of dentures against sensitive gum ridges, recommend Dentlock. Holds plates comfortably, securely. It's odorless, easy and pleasant to use.



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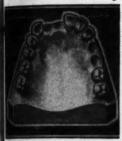
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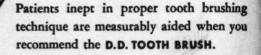
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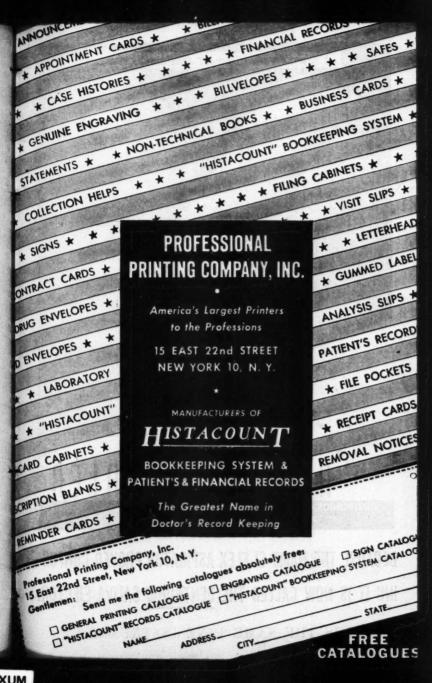
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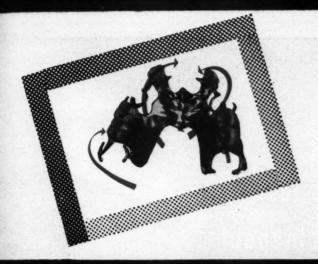
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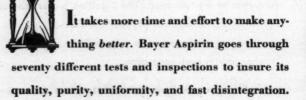
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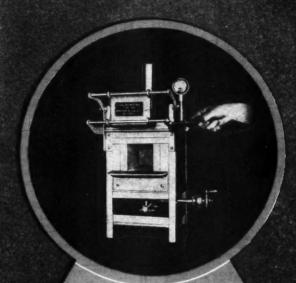
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Progress nearly always begets new problems. Few patients today would be content with dull, unlifelike vulcanite dentures, nor would dentists willingly recommend them. Yet...

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in both artificial test don't grow on trees. But if they did. Sere nicast tests would be still strange fruit because, until test and does grow on trees, Ceramicast tests contain absolutely no greenish coloring. * Like living ** Ceramicast tests are green-free. Each of the thir nature Ceramicast shades is completely color-true, and Commicast tests look thoroughly lifelike under almost a straing conditions. Translucent as living as natural tests are fluorescent as well—reacting as natural tests do to the ultra-violet rays always in both artificial light and taylight. Ceramicast with are available in ten beautifully carved molds, we with a destrate natural posts-marking sequences, and affected.

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The Genius of Chemistry ...

• The genius of chemistry is revealed in compounding and balancing a complex formula—a formula which has not one, not two, not three, not four or five, but all the characteristics of a modern denture base material.

Then—and then only—do you have a balanced formula.

Illustrated above is the wheel of The Balanced Acrylic—Kerr Crystolex 102.

In Kerr Crystolex 102 you have the acrylic with all of these characteristics properly balanced—

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MODEL 790



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- A constantly clean operative field.
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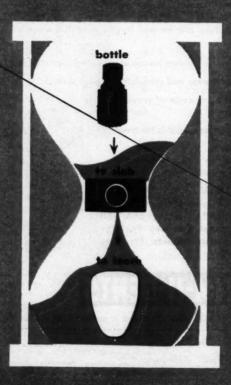
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The Cabinet contains twenty pre-blended shades . . . one to match every natural tooth color. No powder blending! No guesswork! And not a chance of missing the color you want to duplicate!

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Direct Matcher Cabinet—SYNTHETIC PORCELAIN

Price \$43.00

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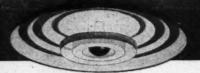
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1 Solid Wood Cabinet 1 Enameled Wood Tray

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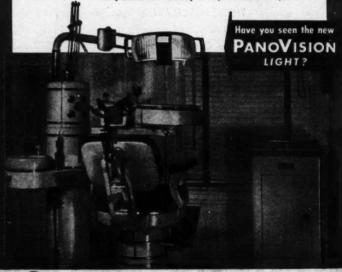


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- It has more working surface
- It conforms to the tooth surface
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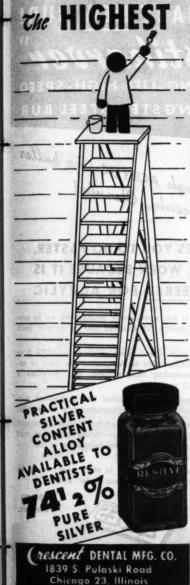
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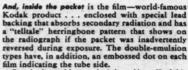


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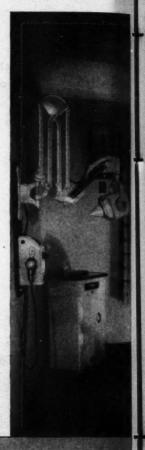


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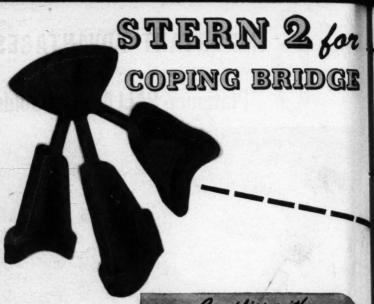
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To make	cc.

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To make	cc.

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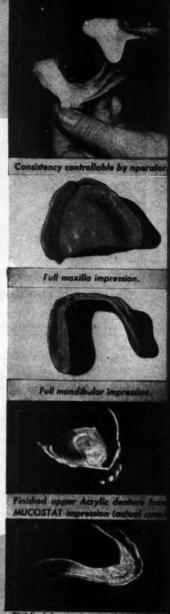
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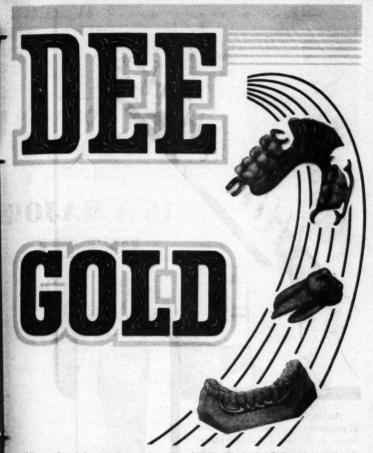
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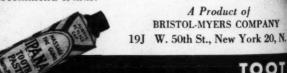
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